Two Lectures ON THE LARYNGOSCOPE.

Delivered at the Royal College of Physicians.

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LECTURE I.

(*Concluded from page 575.*)

Autolaryngoscopy.—One of the most useful means of acquiring skill and confidence in the examination of the larynx is the practice of autolaryngoscopy—that is, the examination of one's own larynx. Various methods of autolaryngoscopy have been proposed and practised. The simplest and most satisfactory plan is one which is very easy of execution, and which requires no special apparatus. The concave reflector on the forehead, and the laryngeal mirror which is used in the examination of others, with a common looking-glass and a lamp, constitute the whole of the apparatus. The method of operating is this. Sitting at a table of a convenient height, I place a looking glass at a distance of about eighteen inches in front of me, and a moderator or a gas lamp on one side of the glass, but two or three inches further back, so that the light may not pass directly from the lamp to the mirror. Now, with the reflector on my forehead, I direct the light as it were into the open mouth of my own image in the looking-glass; then, introducing the laryngeal mirror into my mouth, I see the reflection of my larynx and trachea in the glass before me, and any one looking over my head or shoulder can see the image at the same time. This method therefore serves for autolaryngoscopy and for demonstration; in other words, the experimenter can, by this means, see his own larynx and show it to others.

This method certainly possesses some advantages over that employed by Czermak. In the first place, Czermak's plan requires a special apparatus, which is too complicated and costly to allow of its coming into general use. Although I possess Czermak's instrument for autolaryngoscopy, I have quite ceased to use it, because I find the other plan easier and more satisfactory. I find, for instance, while I am holding the laryngeal mirror with my right hand, and changing the position of my head so as to obtain different views of the larynx, I can with the greatest readiness make any required change in the direction of the light by adjusting the frontal reflector with my left hand. This adjustment of the light cannot so readily be made with Czermak's apparatus on account of the distance at which the reflector is fixed on a brass stem opposite the experimenter.

For beginners in the art of laryngoscopy this method affords a very useful means of training and practice. One of the chief difficulties at first is to keep a steady light in the patient's mouth while the laryngeal mirror is being introduced. Now the student, after arranging his looking glass and his lamp, may direct the light from the frontal reflector into his own open mouth in the looking-glass. This process differs scarcely at all from that which he will have to practise on his patients. Then, having learned to keep the light steady, he may practise the introduction of the faucial mirror, and he will soon see the interior of his own larynx and trachea. I have seen several of my medical friends and pupils succeed in doing all this within less than half an hour of their first attempt.

It is important to observe that in practising this method of autolaryngoscopy both eyes may be protected from the glare of the lamp. The lamp is most constantly placed by the side of the glass to the left of the operator. The right eye is then shaded by the lower margin of the reflector on the forehead, and the left eye may readily be shaded by one or two fingers of the left hand placed at the edge of the reflector. The fingers thus placed serve at once as a shade for the left eye, and a means of moving the reflector when the direction of the light has to be changed. If the experimenter desire to show his larynx to several persons at once, he can readily do this by having the mirror in front of him of small size, about three inches square, and fixed at a convenient height: the small flat mirror belonging to Czermak's autolaryngoscopic apparatus may be used for this purpose. Thus, while two or three persons standing behind him can see the reflection of his larynx in the glass, two or three others standing in front of him, and looking over the top and by the sides of the glass into his mouth, may see the direct reflection of the larynx from the faucial mirror.

In the practice of laryngoscopy, whether in the examination of one's own larynx or that of others, it is of primary importance that the operator should have the power of readily changing the direction of the light, so as at once to adapt it to the varying position of the body, which is often required for the thorough exploration of the larynx. A feebler light which can readily be reflected in any required direction, is of more practical value in laryngoscopy than a stronger light which is fixed.

Some laryngoscopists on the continent, and Dr. Walker of Peterborough, do not use the reflector for the purpose of lighting the throat, but in place of it they get a direct illumination of the fauces by means of a concentrated fixed light. A globular bottle of water in front of a lamp is used as a powerful condensing lens. In this way, certainly, a very bright light is obtained; but the objections to this mode of illumination are—1st, that the apparatus is clumsy, and cannot be carried about; and, 2nd, the chief objection is that the direction of the light cannot be readily and instantaneously made to follow the movements of the patient's head. The fact of the light moving with the movements of the operator, which some consider an objection to the method of illuminating the throat by means of the reflector on the forehead, does, in fact, constitute one of its chief advantages.

With regard to the source of the light, I find it not difficult to see and to demonstrate my own larynx, as well as to examine the larynx of another, by the light of an ordinary candle; but a bright light renders the examination much easier and more satisfactory. The best artificial light is a moderator lamp, or an argand gas burner. The light may be much intensified by placing a metallic reflector behind the lamp, and a bull's-eye condensor at the proper focal distance in front, the flat side of the lens being next the lamp. I find that with a single bull's-eye condensor I get a better light than with Tobold's condensor, which consists of three lenses in a brass tube, and which is a more cumbersome as well as a more costly apparatus.

All observers agree in opinion that the light of the sun, when it can be obtained, is the best means of illuminating the throat. The patient sits with his back to the sun, and the operator directs the light into the throat by means of the reflector. For this purpose the reflector need not be concave; a flat surface will give sufficient light. In using a concave reflector with sunlight, you must be careful not to burn the throat by concentrating the rays into a focus. *Solar* caustic, be it remembered, may be made even more powerful than *lunar* caustic. [Since this lecture was given I have found that the best mode of using sunlight in laryngoscopy is to place a looking-glass in such a position that it shall deflect the sun's rays on the frontal reflector, but leave the eyes of the operator in the shade. In this way we avoid the serious inconvenience which results from exposing the eyes to the direct rays of the sun. Both the patient and the operator are in the shade, a column of light being turned upon the frontal reflector by the looking-glass.] With sunlight it is not absolutely *necessary* to use the frontal reflector. The patient may face the sun, so that the rays fall directly upon the laryngeal mirror. But here, again, the advantage of the reflector consists in the facility with which it enables you in a moment to change the direction of the light.

The reflector on the forehead is a very useful means of lighting the throat for the purpose of examining the tonsils, palate, and pharynx. Placing a lamp or a candle by the side of the patient, or using sunlight when it is available, the operator, with the reflector on his forehead, throws the light into the throat, and has both his hands free to depress the tongue and to apply caustic or other local remedies. In cases of diphtheria and scarlatina, by this method of illumination a thorough examination of the throat can be made in a much shorter time than by the ordinary method, and without the necessity of raising the patient's head from the pillow. The operator in this way runs less risk of infection from inhaling the patient's breath, or from the morbid secretions being coughed into his face.

In the presence of a learned assembly such as I have now the honour to address, it is scarcely necessary to assert, that if in the laryngoscope we have an important aid in the diagnosis of laryngeal disease, such aid is by no means superfluous or uncalled for. The experience of every practitioner will enable him to recall cases in which there has existed the most painful doubt as to the nature of disease within the larynx. Mr. Porter,

writing in the year 1837, says, "How is a man of experience, when he meets with a case of laryngeal disease, to know whether it is caused by an œdematous condition of the submucous tissue—by a chronic thickening of the mucous membrane itself—by laryngeal ulceration—by destruction of the cartilages—by the presence of abscess or tumour, or by another of those numerous affections which dissection so frequently shows us to be the occasion of death?" And he suggests that, "perhaps by reason of the difficulty of the subject, it will be long before we possess the same accuracy of information with reference to affections of the windpipe that has been attained in other diseases." What, now, has been the effect of that simple contrivance, the laryngeal mirror? May it not be said without exaggeration, that it has rendered the diagnosis of the diseases of the larynx more simple and more certain than the diagnosis of the diseases of any other internal organ? In fact the larynx has ceased to be an internal organ, in the sense of being hidden from view, for it has been brought within the range of vision. And the answer to Mr. Porter's question is simply this, that the man of experience has now only to *look into* the larynx, and he will *see* what is the form of disease with which he has to deal.

In my next lecture I propose to give some illustrations of the valuable aid which the laryngoscope is capable of affording in both the diagnosis and the treatment of disease. During the few minutes that remain to-day, I purpose to advert very briefly to the subject of rhinoscopy.

Rhinoscopy.—Czermak, in his first publication on the laryngoscope, pointed out that the same method of examination was applicable to the inspection of the posterior surface of the soft palate, the posterior openings of the nasal fossæ, and the superior parts of the pharynx.

In the practice of rhinoscopy the patient should sit erect, without throwing the head back, while the light is thrown into the mouth by the frontal reflector. The tongue is to be kept down by means of a metallic depressor, which may be held either by the operator or by the patient. A small mirror is required, and it is better made of glass than of metal, on account of the rapidity with which a metallic mirror cools and condenses vapour on its surface. I have two circular mirrors, which I find very convenient for rhinoscopy, one the size of a threepenny piece, the other the size of a sixpence.

When you are about to introduce the mirror, the patient should be directed to breathe quietly. A deep inspiration draws the uvula and soft palate upwards and backwards, and so interferes with the examination. The mirror is to be introduced by the side of the uvula, beneath the palate, with its surface directed upwards and forwards. The facility with which the examination can be made depends mainly upon the space which exists between the palate and the posterior wall of the pharynx. When the interval is a moderately wide one, the mirror can be introduced without touching the uvula or palate, and the posterior openings of the nasal fossæ, the turbinated bones, the opening of the Eustachian tube, the septum narium, the roof of the pharynx,—all these parts may be distinctly seen.

In some cases the examination is facilitated by drawing the uvula and palate forwards by means of a blunt hook; but this is better avoided if possible, for it is always attended with much discomfort, and frequently the contact of the hook excites contraction of the palate, which is then drawn upwards and backwards so as completely to obstruct the view. The most successful rhinoscopic examinations that I have made have been accomplished without touching the uvula and soft palate. Very valuable information may sometimes be obtained by rhinoscopy.

Last year I was consulted by a gentleman, twenty-four years of age, who had complete obstruction of the right nostril. It had commenced two years ago, after a severe cold; and it had steadily increased until, at the end of about a year, it was so complete that he was unable by any effort either to inspire or to expel air through the right nostril. The left nostril remained pervious, but in consequence of the obstruction on the right side the patient habitually kept his mouth open, respiration being impeded when the mouth was shut; and the voice had somewhat of a nasal character. Examination of the nostril in front discovered no obstruction, nor was any abnormal appearance visible on examination of the palate and pharynx in the ordinary way through the open mouth.

He had a throat favourable for rhinoscopy: a small uvula, with the soft palate at some distance from the back of the pharynx, so that the mirror could be introduced without disturbing these parts. The left nasal fossa was quite normal, but the right was seen to be completely obstructed by a tumour, apparently of globular form, having a slightly granular

Posterior view of uvula, soft palate, and nares, as seen in the mirror. The tumour, *a*, on the left of the figure, fills up the posterior opening of the right nasal fossa; *c*, the orifice of the right Eustachian tube.

surface and a yellowish-green colour. It touched the floor and septum of the nose; and externally it pressed upon and concealed the turbinated bones. I could touch the tumour with a bent probe introduced behind the palate. I now asked my friend and colleague, Mr. John Wood, to see the patient with me, and to devise a plan for removing the tumour. He introduced a pair of slender curved polypus forceps through the anterior opening of the nostril, grasped the tumour, and as he was drawing it forward there was a sudden rush of a glairy fluid, like white of egg, and some membranous shreds came away between the blades of the forceps. The patient felt immediately that the obstruction was gone. On rhinoscopic examination the tumour had disappeared; the turbinated bones were plainly visible; and on the under side of the middle turbinated bone there was an abraded surface, from which, appa-

The posterior nares after the removal of the tumour. *a*, The abraded surface from which the tumour was torn; *b*, the middle, and *c*, the inferior turbinated bone; *c*, the Eustachian tube.

rently, the tumour had been torn. The tumour had evidently been a globular cyst containing fluid. On the second day after the operation a portion of the cyst-wall came away. This I have preserved. It is smooth on its inner concave surface, but uneven on its outer surface, by which apparently it had been attached to the mucous membrane. During the first few days after the operation the abraded surface of the mucous membrane was covered by a purulent secretion: this quickly healed. The patient has lost all sense of obstruction in the nostril; he can breathe comfortably with the mouth closed; and the voice has recovered its natural tone.

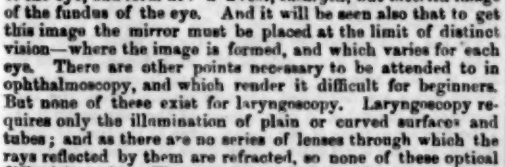
The practical value of rhinoscopy in this case can scarcely be called in question. It is doubtful whether by any other mode of examination the position and nature of the tumour could have been determined with sufficient certainty to warrant an operation for its removal. I was relating this case to a friend, who remarked that my patient had more reason to congratulate himself than one about whom he was consulted. One nostril was obstructed, and it was supposed that a polypus

was the cause of obstruction. A surgeon had made an unsuccessful attempt to remove the supposed polypus by the forceps: this caused much suffering; and it was at last discovered that the obstruction was due to thickening of the turbinated bones.

Czermak, in the last German edition of his work,* gives a good illustration of the value of rhinoscopy in correcting an erroneous diagnosis. A young man deaf on the left side was found to have a tumour at the back of the nostril, which conveyed to the finger the impression of a polypus. An operation was contemplated, but a rhinoscopic examination discovered a tapering swelling of the mucous membrane, nearly as thick as the finger, surrounding the orifice of the left Eustachian tube; also great swelling of the middle and inferior turbinated bones; but no polypus, nor any tumour which an operation could have removed or lessened.

Note.—Mr. Ernest Hart, ophthalmic surgeon to St. Mary's Hospital, has been good enough to send me, at my request, the following note on *Ophthalmoscopy as compared with Laryngoscopy.* I am happy to avail myself of his clear statement of the optical principles which render a *perforated* reflector necessary in the one case and not in the other.

"The light which penetrates the eye is not wholly absorbed by the choroidal pigment, and must therefore pass out again; and, obviously, if the eye of an observer were brought into such a position as to receive these rays which emerge, he would see the image of the tunics behind the retina, which act as the reflecting screen. But as the eye is an optical apparatus composed of refracting media (lenses), the rays in passing out are refracted anew, and the image of the retina is formed in the air (and according to the *law of conjugated foci*) on the same side as the luminous object, and at a distance regulated by the accommodation of the eye, the distance of the object, and the shape which the lens of the eye assumes, for the purposes of distinct vision. Hence, if a light were placed in front of an eye, and the head of an observer could be interposed between that light and the eye to be observed, he should, at the distance of distinct vision, be able to see the retina by virtue of its reflected image. But the head of the observer stops the light from entering. This difficulty, however, is got over by putting a light by the side of the eye to be observed, and with a concave mirror reflecting the light into that eye. If now the eye of the observer be placed at a small aperture in the mirror, he will be in a position to receive the luminous ray emerging from the eye observed and returning towards the mirror, and therefore to see the image of the fundus oculi from which it is reflected. I think this diagram



makes this part of the matter sufficiently clear. $r\,a$ is the circle of diffusion of the retina, and the lines indicate how the rays reflected from that position will be refracted by the media of the eye, and form at $r'\,a'$ a *real, enlarged,* but *inverted* image of the fundus of the eye. And it will be seen also that to get this image the mirror must be placed at the limit of distinct vision—where the image is formed, and which varies for each eye. There are other points necessary to be attended to in ophthalmoscopy, and which render it difficult for beginners. But none of these exist for laryngoscopy. Laryngoscopy requires only the illumination of plain or curved surfaces and tubes; and as there are no series of lenses through which the rays reflected by them are refracted, so none of these optical difficulties exist. The practice of looking through a central aperture of the reflecting mirror used is one which has no foundation that I can perceive in any law or rule of optics, and is simply an inconvenient restriction of the field of vision and the facility of observing, which may probably have arisen from the mechanical imitation of the practice of ophthalmoscopy, without sufficient consideration of the peculiar optical difficulties which exist in the latter art.

"It matters nothing (optically) for laryngoscopy whether the light be direct or reflected, and the light of a lamp concentrated through a lens answers perfectly well without any reflection. The laryngeal mirrors are, of course, necessary to deflect the rays into the tube of the larynx."

* Der Kehlkopfspiegel und seine verwethung für Physiologie und Medizin. pp. 127-8. Leipzig, 1863.

CONTRIBUTIONS TO THE PRACTICAL SURGERY OF DISEASES OF CHILDHOOD.

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III.—ON CONGENITAL INNOCENT TUMOURS, THEIR DIAGNOSIS AND TREATMENT.

(*Concluded from page 577.*)

HAVING described, in my last communication, the cases which I have met with of this affection in the neck (which is, for some unknown reason, the most usual seat of congenital tumours), I now proceed to those cases that have occurred to me in other parts of the body.

CASE 4. *Congenital tumour of the back of the head and neck, successfully removed.*—This case is reported in the Pathological Society's "Transactions," vol. xii., p. 206. I will briefly recapitulate the chief points. The child at the time of operation was fourteen days old. The tumour, of a round shape, and not very prominent, extended from just below the lobe of the right ear to a short distance above the scapula, measuring about two inches and a half in each direction, and about three quarters of an inch in height. The child had been under observation for ten days, during which time the rapid growth of the tumour had been distinctly proved. The skin was intimately united to the tumour, and had the mark of a large nævus or mother-spot on it. This circumstance had at first suggested the idea that the tumour resulted from degeneration of a nævus, but this was rendered highly improbable by the child's age, and was disproved by the rapid spread of the disease. The operation for its removal was a very simple one. As it was impossible to save any skin, and as the loss of blood in removing so large a tumour of unknown composition might easily prove fatal to so young an infant, it was decided to use the écraseur. A small quantity of chloroform was given, and a groove cut round the base of the tumour for the chain to lie in. The tumour was easily removed without any alarming hæmorrhage. Thus a very large surface was left exposed, but as the deep fascia had not been injured, the healing, which was rapid, was unaccompanied by any contraction. The microscopical examination of the tumour is given at length in the volume above referred to. It will be sufficient here to say that the tumour contained no cysts, that its structure resembled udder, and that it was composed of a fibro-plastic or fibro-nucleated material, with none of the characters of malignant disease. I may add that the child remained perfectly free from any return of the disease, and from any morbid condition of the cicatrix, up to the time of its death, which took place about the age of three years from some infantile affection.

CASE 5. *Congenital tumour of the orbit, successfully removed.*—An account of this case also will be found in the Pathological Society's "Transactions," vol. xiv., p. 248. The patient was an infant, a female twin, seven weeks old, who had been born with the right eyeball projecting out of the head in consequence of the growth of a tumour behind it. The eye was so prominent that the mother said "it was necessary to push it back again into her head." Shortly afterwards the globe burst and withered away, but the tumour continued to grow and to push the eye outwards, and itself began to appear on the cheek. On account of the rapid growth of the tumour and the increasing emaciation of the child, the mother brought it to St. George's Hospital on April 6th, 1863, it being then about seven weeks old. The tumour then filled almost the whole orbit, and the shrivelled globe of the eye lay upon its highest part. Large lobulated masses of the tumour lay under the lower eyelid and on the malar bone near the outer angle of the orbit. The solid parts of the tumour felt hard, uniform, and knotty on the surface; but several detached cysts lay at various parts of it, which were very loose, and contained a thin fluid, so as to be semi-transparent. No change in the size of the tumour took place when the child cried. The skin was quite unaffected. An interval could be felt between both the roof and floor of the orbit and the tumour, and the whole mass moved synchronously with the left eye. From this it seemed

clear that the tumour was solid* and non-vascular, not attached to the bone, and probably not of a malignant character. It could therefore be removed without any great hæmorrhage, and its rapid growth rendered the operation necessary, if the child's life were to be prolonged; but in the feeble condition of the infant it appeared doubtful whether the operation would not prove immediately fatal. It was performed, however, without fatal consequences, though not without syncope that nearly ended in death. In this case the walls of some of the cysts were left loosely adhering to the roof of the orbit. It would have been easy to remove them, but the child was so nearly dead that all our efforts had to be directed to resuscitate it, in which, with the help of the vigorous and continued efforts of the house surgeons and pupils, I at length succeeded. The child got quite well, and had much grown and improved in appearance when I last saw it, about four months after the operation. The tumour, except that it contained a few cysts filled with clear fluid, was identical in appearance with that last described.

CASE 6. *A similar tumour, probably congenital, of the pharynx, causing death by pressure.*—I have seen only one other instance of this rapidly-growing, innocent congenital tumour. In that case it was situated behind the gullet, and produced death by pressure on that organ. The fact of the tumour being congenital in this case is a mere assumption, and that of its being innocent only an inference from its structure; but it resembled the others in growing rapidly at an early age, and was first noticed, in consequence of the obvious dysphagia, at an age which was consistent with the idea that, like the tumours in the five cases mentioned above, it was congenital, and that it had grown rapidly and steadily from the time of birth. As the case was a rare and at the same time an interesting one, I may, perhaps, be allowed to offer the few particulars of it which I can now discover, for my detailed notes of the case have been mislaid. The patient was an infant, who came to me at the Hospital for Sick Children originally on account of an injury to the head, causing a very large subaponeurotic extravasation, from which it recovered, and which has no connexion with the cause of death. Shortly after its recovery from the injury, it was brought to Dr. Jenner on account of difficulty in swallowing, and consequent emaciation. As the milk could not be swallowed, he requested me to examine the fauces. I found the right side much thickened, and the velum palati somewhat displaced; so that the presence of a foreign body was at first suspected, but nothing of the sort could be found. Some of the lymphatic glands in the neck were enlarged. The mucous membrane of the pharynx, as far as the finger could reach it, was natural; and beyond the thickening of the upper part of it, nothing could be detected. Still nothing (not even a small catheter) would pass below the level of the larynx; and the child soon sank from inanition. On post-mortem examination, a diffused tumour was found extending from the lateral lobes of the thyroid body on either side to the back of the pharynx, lying immediately below the mucous membrane, and therefore occupying the situation of the pharyngeal muscles, which could not be recognised at the part where the tumour existed. The pressure of this tumour (which was of considerable size relatively to the smallness of the parts) had closed the passage for food during life, though after death an instrument could be passed. The structure of the tumour was obscure, and its organization very low. It appeared to consist of a mass of granules, with here and there a tolerable quantity of oil; but only slight traces of fibrillation were noticeable. There was nothing in the appearance either of the tumour or of the enlarged glands to lead to the belief that the tumour was of a malignant nature.

These are all the cases which have occurred in my own practice; and I cannot find any distinct general description of congenital tumours, except that in Mr. Cæsar Hawkins's paper above referred to. That paper, however, is intended to apply rather to the cystic tumours (varieties of the common hydrocele of the neck) than to the rapidly growing, solid tumours, and therefore relates to a much less urgent and fatal disease than that which forms the subject of the present paper. But I have seen scattered instances, and a few others probably are on record. Thus in the fifth volume of the "Transactions of the Pathological Society," p. 327, there is the description by Mr. W. Adams of a tumour of this kind, removed by Mr Lonsdale from the arm of an infant aged four months. It was of the fibro-cellular variety; and its description corresponds pretty accurately to that of the tumours in my Cases 4 and 5. In this case also, the growth had been continuous and rapid. Again, Mr. Pollock met with a case a short time ago much resembling the second of those above described; but even more extensive, as the cystic mass not only filled the neck and projected into the mouth, but had even invaded the tongue, in the substance of which numerous cysts were formed.

In a case which was shown to me the other day by my colleague Mr. T. Smith, at the Hospital for Sick Children, the disease is, I believe, of the same nature. The tumour was lying at the root of the neck, and was in immediate proximity to a very large vein. This, and its great prominence when the child cried (a prominence caused, I presume, by its proximity to the pleura and the large vessels at the root of the neck), made it impossible to distinguish it from subcutaneous nævus except by puncture. The puncture caused no hæmorrhage, and therefore the tumour was judged to be of a congenital nature; but the infant was too weakly to bear the operation necessary for its removal, and as the tumour did not appear to be in a state of active growth its treatment was postponed. This case, then, would seem to resemble my third case. Mr. Smith has recently removed from the scalp of a girl, five years of age, a congenital tumour of a fibrous nature, which was increasing in size, and was intimately connected both with the pericranium and the skin. Its removal laid bare, necessarily, a very large surface of the skull, and has certainly exposed the child to considerable danger. At an earlier period, if the nature of the disease had been recognised, it might probably have been removed with much less risk. In the work of Von Ammon on Congenital Surgical Affections will be found some plates and descriptions of tumours in the neck much resembling the three first cases.* The author appears to regard these tumours as being instances of congenital bronchocele. This was certainly not the case in the instances which I have quoted above, nor in those described in Mr. Hawkins's paper, in none of which was there any implication of the thyroid body in the disease. I am not prepared, however, to deny that some of Von Ammon's cases, at any rate, may not have been instances of congenital enlargement of the thyroid body (especially his last case); nor can I see any *à priori* improbability in that body being the seat of such a disease. All I say is, that the cases I have seen were not seated in the thyroid. The point would be easily ascertained, and of course the fact of the tumour being connected with that body would forbid the thought of operative interference. Mr. Mason, of King's College Hospital, communicated to the Pathological Society a short time ago a curious case, in which he had found it necessary to remove some small congenital tumours from the surface of the tongue.

These are all the instances which I have met with in practice, and in reading, of the congenital innocent tumour, apart from congenital cysts properly so called. The question now remains, how such tumours ought to be treated. The personal experience which I have detailed above, though limited to six cases, is enough to show how different is the course of the disease in different cases. In the first two the growth was so rapid as to prove fatal at a very early period of life; while in the third the tumour had remained nearly stationary for several years. On the strength of this case alone, I would dissuade any attempt at removal in situations involving danger, unless the fact of active growth be established beyond question, as it was in that case by careful observation of the progress of the disease while the child was an out-patient. On the other hand, those cases in which the whole side of the neck becomes filled up, and the face trenched upon, by a rapidly-growing mass, in which cysts are developed, are very probably from the commencement incurable, in consequence of the deep position and extensive connexions of the disease, even at the time of birth. Again, in some other cases, where there is nothing to be detected except two or more large cysts, with some uncertain solidification at their base, the disease may be a true instance of the multilocular cystic tumour, and the feeling of solidity at its base may be due, not to the presence of any morbid tissue subject to rapid growth, but only to the traction or the pressure of the superjacent cysts.

It would be unreasonable to recommend similar treatment for such different cases. I think, however, that it may be laid down as a rule that congenital solid tumours, when not situated in dangerous positions, had better be removed while they are at their smallest size, since we may not afterwards have them under our own observation, and it is not safe to trust to that of mothers and nurses. In such situations as the neck, where these tumours are far more common than elsewhere, we must

* I believe the cysts were merely formed by the effusion of serum, the result of obstructed circulation, into the meshes of the areolar tissue, and therefore were no real part of the tumour. They seemed to fill and collapse alternately, and most likely all communicated together.

* See Von Ammon. Die Angeborenen Chirurgischen Krankheiten des Menschen. Tab. xiii., figs. 1, 2, 3. Tab. xxxiii., figs. 7, 8, 9, 10, 11.

act according to circumstances. If it be necessary to interfere at all with the tumour, and the latter be of only moderate size, the choice of removal or of measures directed to the obliteration of the cysts is presented to us. Removal is at all times difficult, and may prove impossible. These tumours, as far as I have seen, always dip beneath the deep cervical fascia, and it is utterly impossible to know to what extent they reach, or what structures they may overlap or enclose. The carotid sheath or the œsophagus may be so surrounded by the growth as to render the removal of the latter impossible. This was so in Mr. Arnott's case, quoted by Mr. Hawkins, and it would, I dare say, have been found to be so in my first case had I been driven to attempt the removal of the tumour. Of course, the relations of a tumour in the anterior triangle are far more formidable than in the posterior, though even the latter are sufficiently embarrassing in many cases. Still I have given an instance of the removal of such a tumour with apparent success; and even in Mr. Arnott's case, though the operation could not be completed by the total removal of the deep part of the tumour, the patient is said to have ultimately "done well." These are encouragements to proceed somewhat boldly in cases where the tumour is growing rapidly, and where therefore we have reason to think that life will not be protracted very long; but the limit between justifiable boldness and foolhardiness must be fixed by each surgeon for himself. Pressure on the jugular vein, interference with deglutition, projection into the mouth, would in most cases contraindicate the attempt at removal, as would enormous extent of disease.

If so little solid structure can be made out that the surgeon is doubtful whether the disease is not purely cystic, of course the obliteration of the cysts will be the first measure indicated. If such means do not succeed in checking the growth of the tumour, it will then be time to think about more radical measures. I have seen such striking success from the injection of tincture of iodine into these cysts of the neck, that I should not think of employing any other measure at first. If this fail, and still the solid part of the tumour is not increasing, setons may be tried. If an attempt be made to dissect out the cyst or cysts, a very free opening should be made by crucial incision, and large flaps of skin be turned back from the tumour. Every part of the cyst should if possible be removed. I have noticed in two of the above cases that I left small fragments of some of the cysts; but this was done only as a *pis aller:* in one case because the child was dying, in the other because I could not distinguish the cysts from the skin. I related the third case to the Pathological Society a few weeks since, when the President mentioned a case in which, in removing a cyst, a portion had been left adhering to the subclavian vessels, and where the cyst re-appeared after many years of apparent health. This uncertainty on the vital question, whether it will be possible effectually to remove such tumours, is another reason for abstaining from the attempt as long as it is justifiable to do so. But in the diffused and rapidly growing tumours I believe total extirpation is the only remedy, and such of them as are beyond the reach of that measure I believe to be incurable. Injections are inert in these formidable affections; setons and caustics appear rather to hasten the fatal event. Perhaps the least hopeless plan, when total removal is impossible, would be to lay open the cysts freely, and repeat this from time to time as fresh cysts might present in the first wound; but although I tried this measure in the second of the cases above detailed, it certainly proved inefficient in checking the disease.

Queen-street, May-fair, April, 1864.

ON THE

ACTION OF THE BROMIDE OF POTASSIUM IN INDUCING SLEEP.

By HENRY BEHREND, L.R.C.P.E. &c.

DR. GARROD, in his recent lectures on the British Pharmacopœia, has mentioned that the bromide of potassium, when administered in large doses, produces drowsiness. I do not know whether the profession at large is aware of this fact, but as I have never previously seen any record of it (being indebted for my first information on the subject to the statements of Dr. Brown-Séquard), and as I have during the past twelve-month had ample practical experience of its use, the following cases are submitted to demonstrate the value of the remedy in the treatment of insomnia and restlessness, accompanied by and dependent upon nervous excitement and irritability. If its employment upon a larger scale should confirm the results at which I have arrived (and of which Dr. Brown-Séquard has repeatedly assured me), its importance cannot well be overrated; as it is better borne than opium or any of its preparations, is free from the unpleasant effects—such as headache, constipation, &c.—produced by that drug, and the system does not so rapidly become accustomed to it as to require its administration in constantly increasing doses.

The first case in which I prescribed it was that of a gentleman, thirty-six years of age, of highly nervous temperament, who had undergone much mental excitement consequent upon the dangerous illness of a very near relative. There was no constitutional malady present, and the only symptom was loss of sleep, and the debility, both bodily and mental, consequent upon it. He had not enjoyed a really good night for weeks, and this preyed upon him to such an extent as almost to preclude the possibility of his sleeping; for his mind was constantly intent upon this one subject, and never more so than when he retired to rest, so that it seemed as if the very effort to obtain sleep prevented its accomplishment. He was in very low spirits, and had failed in quieting the nervous system by opium in its various forms, valerian, and other anti-spasmodics and sedatives. He was recommended to take twenty-five grains of the bromide of potassium dissolved in a little cold water three times a day, before meals, for a week. At the end of this time he called to inquire if it was necessary to continue the treatment, as he had enjoyed several nights' excellent sleep, and had to a considerable extent regained his former cheerfulness and mental calibre. As he was still, however, somewhat nervous about his night's rest, it was thought advisable that he should not entirely give up the employment of the bromide; and he continued taking it once in the twenty-four hours, at bedtime, for a fortnight longer. He had now implicit confidence in the power of the remedy, and, what was of still greater consequence, was regaining confidence in his own powers of obtaining natural sleep, and he gradually ceased having recourse to the medicine. He always, however, kept a dose of it by his bedside, so that if he woke in the night and was tormented by the fear of not sleeping again, he might at once take it. During the last few months this fear has also left him, and he does not now use the bromide on the average more than once in three weeks. He sleeps perfectly well for six or seven hours at a time, and wakes comfortably and naturally, with entire freedom from the dread and depression which he formerly experienced on waking.

A second case, perhaps even more remarkably illustrative of the beneficial action of this salt, is that of a gentleman, forty years of age, who consulted me in the month of October last. He was of a most excitable and nervous temperament, and was engaged in mercantile transactions of great magnitude, the extent of which indeed seemed quite to overwhelm him, although without any grounds as to a fear of their ultimate result in a pecuniary point of view. He was quite unable, however, to banish them from his mind day or night; he had lost his natural sleep, was harassed and fatigued during the day, and sought my opinion as to whether he ought not at once to withdraw from business, although the sacrifice entailed thereby would be very great, and he was most anxious to avoid it. I told him to place himself under treatment for a few weeks, and if no benefit were derived at the end of that time, such a step as he contemplated might be necessary. I prescribed the bromide of potassium as in the last case: twenty-five grains to be taken three times a day before meals. At the end of a week he was much better, slept naturally and well, and was consequently much more sanguine as to his capability of attending to his affairs. Good sleep having been procured, I thought it better to attend to the condition of the nervous system, and ordered the sulphate of strychnia to be taken in commencing doses of the thirtieth of a grain, to be gradually increased to the tenth of a grain, thrice daily. He was advised to have a dose of the bromide of potassium by his bedside, or to take one before going to bed, if he felt nervous about his night's rest; but since the first week of the treatment I do not think he has once found it necessary to have recourse to it. He sleeps perfectly well, has regained spirits and confidence, and has quite abandoned the idea of his unfitness to attend to his business transactions. He continues taking the tenth of a grain of sulphate of strychnia twice daily.

Other instances might be adduced of a similar character, but the above will serve as a type of the cases in which the administration of the bromide of potassium appears likely to be most useful—those, namely, in which the nervous element pre-

ponderates; and it is in these that, for the most part, opium and its preparations fail to produce any good result, and are not well borne by the system, frequently even adding to the excitement and irritability under which the patient labours. There can be no doubt, moreover, that cases of this type are unfortunately on the increase, since the highly artificial mode of life of the present day, especially in large cities, perpetually stimulates the nervous energy to the highest possible degree; so that even in the strongest constitutions the mental equilibrium is but too often shaken, and the weaker ones yield speedily to the excessive demands made upon them. The dose of the bromide recommended may appear large, but it is in all cases easily tolerated, and produces neither disagreeable nor toxical effects; the appetite is not interfered with, the alvine evacuations are regular and copious, and irritability of the bladder—a frequent accompaniment of restless nights—is greatly relieved. The only unpleasant result I have witnessed has been slight and temporary headache; and Dr. Brown-Séquard has informed me that he has given it with perfect safety for several successive weeks in drachm doses. Of the temporary paralysis, and weakening of sexual desire and power, which are said to follow upon the administration of large doses of the bromide of potassium, I have seen nothing. I should wish to try this remedy in the treatment of the restlessness of delirium tremens, but have not had the opportunity since I have become acquainted with its action upon the nervous system.

Norfolk-crescent, Hyde-park, May, 1864.

ON IMPREGNATION.

BY A. FLEISCHMANN, ESQ., M.R.C.S.

I AM sorry to upset so ingenious a theory as that which appeared in the pages of THE LANCET, from the pen of Dr. Packman, in July last; but as I apprehend those pages are for the dissemination of scientific truths, and not for the promulgation of pure theory unbacked by fact, I venture to make an extract from my obstetric register, and then to compare it with what is reprinted from THE LANCET in the last volume of *Braithwaite's Retrospect*. My register says:—

Name.	Age.	Dates of last Catamenia.	Date of Impregnation.	Date of Delivery.	Sex of Child.
Mrs. B.	33	Began June 22 Ceased ,, 25 1863.	June 28, 1863 Husband at home only one day a fortnight.	April 5, 1864.	Male. Living.

Dr. Packman says:—"In the human female conception in the first half of the time between menstrual periods produces *female* offspring, and *male* in the latter."

Hence, Dr. Packman seems to lay down as a scientific dogma that which I believe depends upon some occult and possibly variable condition seeming so nearly allied to first causes as to be certainly beyond our ken now, and probably will be for ever.

In the case quoted the woman had intercourse with her husband three days after menstruation, and consequently at a period when the female with her newly released ovum, and the male with his procreative powers in fullest vigour, were both in a condition best adapted for fruitful congress. The result was conception; and on the 281st day from impregnation (280 days, it will be remembered, being the technical duration of human pregnancy) a fully developed *male ovum* was brought forth. Clearly all things were so ordered as Dr. Packman would himself have wished them, had he desired to test his theory.

Exceptions do not prove, but annihilate scientific laws. If but once in a thousand years a chemist found that ordinary combustion did not result in the production of carbonic gas and watery vapour, or that the ordinary decomposition of saccharine matter by fermentation produced other compounds than alcohol, carbonic acid, and water,—then no one could certainly say what would be the result of combustion and fermentation: they would cease to be scientific laws. And in like manner, if Dr. Packman takes upon himself to enunciate a first law of nature, and in one well proved instance nature fails to obey Dr. Packman, then Dr. Packman's discovery goes for nothing; and Dr. Farre will yet have to learn the art of making princes and princesses to order, and Dr. Farr of regulating the population of the country.

Dr. Packman will perceive that the "feminine creation" refuse—as usual—to be "subservient to the necessities and *will* of man."

Cheltenham, May, 1864.

ON A CASE OF TAPEWORM (TÆNIA MEDIOCANELLATA), SUCCESSFULLY TREATED WITH OIL OF MALE FERN.

BY EDWARD HART VINEN, M.D., F.L.S.

As I consider every instance in which tapeworm has been successfully treated, with the means by which its removal was effected, deserves to be recorded, I forward for insertion in THE LANCET the following case, in which two small doses of the oil of male fern were sufficient to effect a cure:—

In July of last year, I was consulted for a little boy eight years of age, who, I was told, had for a long time previous been in the habit of passing large portions of tapeworm. The first time this was noticed was in the previous November (1862), which induced his mother to apply for advice to a medical brother living in Scotland. He recommended decoction of pomegranate bark, which was administered frequently, and always with the effect of bringing away considerable portions of the worm; but as the remedy only gave partial relief, the mother consulted me.

As the child was very delicate, I prescribed a small dose—twenty-five minims—of oil of male fern, in mucilage, with peppermint water, to be taken at bedtime, and followed by a dose of castor oil in the morning if necessary. The result was that a large portion of the worm was expelled; but I looked in vain for the head, although from the appearance of the upper segments it was evident that the separation had taken place not far below it. At the end of a week I gave a second dose of the oil, the same strength as the first (viz., twenty-five minims), with a most successful result, for the head was expelled the next day.

My own impression was that this worm was the ordinary tænia solium; but on showing it to my friend, Dr. T. Spencer Cobbold, he pronounced it to be the tænia mediocanellata, which is generally considered to be of much less frequent occurrence than the former, and more difficult to remove.

Küchenmeister says that "the touchstone of a remedy for tapeworms is not whether it expels bothriocephalus latus or tænia solium, but whether it is also capable of effecting this with tænia mediocanellata." And he considers oil of turpentine to be the remedy *par excellence* for tapeworm; and that the oil of male fern is insufficient, and its action uncertain. As far as this case goes, however, it militates against such an opinion; for the remedy was given without any previous preparation, and in the first instance only was it followed by a small dose of castor oil.

Since passing the head of the worm the little boy has improved in health and appearance, and, I need scarcely add, has had no return of his previous symptoms.

Chepstow Villas West, Bayswater, May, 1864.

TESTIMONIALS.—On the 20th instant the guardians of the Wheatenhurst Union made a presentation to Mr. C. M. Harris, their retiring medical officer, consisting of a silver salver, teapot, sugar basin, cream ewer, and inkstand; provided by private subscription amongst the guardians. The salver bore the following inscription: "Gratefully presented to Clement Mears Harris, for twenty four years one of the medical officers of the Wheatenhurst Union, by the guardians, in recognition of his zealous assiduity and uniform kindness to the poor, and as a token of personal respect. 1864."—On the 21st instant, the members of the United Order of Odd Fellows at Oakenshaw, Lancashire, presented to their medical officer, Dr. W. S. Millar of Accrington, a handsome silver inkstand, "as a token of respect and gratitude for professional services."

A Mirror

OF THE PRACTICE OF

MEDICINE AND SURGERY

IN THE

HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

LONDON HOSPITAL.

AMPUTATION AT THE SHOULDER-JOINT AFTER ATTEMPTED RESECTION FOR ACUTE NECROSIS OF THE HEAD AND SHAFT OF THE HUMERUS, AND DESTRUCTION OF THE ARTICULATION.

(Under the care of Mr. CURLING.)

WE publish three cases in which amputation of the arm at the shoulder joint was performed—one for acute necrosis, another for myeloid disease, and a third for injury. The bones generally attacked by acute necrosis are the shafts of the tibia and femur, instances of which have come under our notice. In the humerus it rarely occurs. Why it did so in the following case is sufficiently explained by the patient's history. In the operation, which we witnessed, every means was adopted to save the limb; but as the disease had extended downwards, removal became absolutely necessary, with fortunately good results. The accurate and careful notes of the case were taken by Mr. J. H. Gray, the patient's dresser:—

Chas. J——, aged twenty-six years, by occupation a sailor, was admitted January 8th, 1864. This man presented himself in the receiving-room on the above date with an abscess in the axilla. He said that he had been wrecked in the North Sea during the heavy gales of December last, when he was obliged to wear wet clothes, and live upon a very scanty allowance of food for seven or eight days. After landing, and about a fortnight before coming to the hospital, he noticed a small pimple on the inside of his left arm, where the abscess pointed. Pain and stiffness of the limb supervened, so that at last he could scarcely move it at all. His pale and exhausted look quite verified this history, and induced Mr. Spencer, the house-surgeon, to take him in. The abscess was freely laid open at once, when about five or six ounces of fetid pus escaped. The man was sent to bed, and a linseed meal poultice applied to the wound. He was placed upon full diet.

Jan. 22nd.—The patient is weaker from the suppuration, which is now profuse. Mr. Curling ordered him to take quinine and iron three times a day. He is also having an extra pint of porter.

25th.—Being unable to take the full diet, he was ordered milk and beef tea, light pudding, two eggs, and two pints of porter.

26th.—Mr. Curling suspects there is suppuration within the shoulder joint. He orders six ounces of wine.

29th.—At the visit to day it was observed that the patient was falling off in health. Slight pressure upon the head of the humerus displaces it, and produces distinct crepitus.

Feb. 3rd.—Up to this date the symptoms have varied; but on the whole he has gradually got worse, and to day looks flushed, his pulse being 124. He has slept very badly the last two nights. Mr. Curling advised resection of the joint, to which the patient consented. He was brought into the theatre, and placed under the influence of chloroform and ether. Mr. Curling then proceeded to operate by making a flap of the deltoid, dissecting it up, and opening the joint, when a large quantity of fetid pus made its escape. He now sawed off the articular surface, when the bone was found to be necrosed; he then took off another piece, but it was still in a diseased condition. Anxious to save the limb, Mr. Curling then sawed off the head and neck of the bone, hoping thus to remove the diseased portion; but the shaft was as much necrosed as the head. It then became a question whether the wound should be closed, in the hope of saving the limb after separation of the necrosed bone, or whether amputation should be performed at once. All the surgeons present advised the latter course, and Mr. Curling accordingly removed the limb at the joint. The stump was dressed with strapping and pads of lint, the patient sent back to his ward, and four ounces of brandy ordered for him. He is to have the same diet as before, but discontinue the tonic medicine; an opiate at bed-time.

4 h.—Last night was the best he has had since his admission. Pulse 128, but not so feeble; tongue cleaner.

5th.—The dressings were removed, which were saturated with brownish pus. Two of the sutures were cut to relieve tension, and a large bread-and-water poultice was ordered.

6th.—Brandy increased from four to six ounces, and on the 8th to eight ounces. There is not much discharge, and it is of a healthy character.

12th.—The patient was ordered a mutton chop. A lotion of chloride of lime to be applied to the stump.

19th.—There is some burrowing of pus in the inner wall of the axilla, where a compress of lint is to be tightly strapped on, to press out the discharge. Sutures and ligatures all removed to-day.

26th.—The compress is removed, and a counter opening made by Mr. Curling to facilitate the escape of pus. The quantity of brandy has been several times altered. It is now four ounces, the other stimulants being twelve ounces of wine, and two pints of porter. The man's diet is milk and beef-tea, a chop, two eggs, and light pudding. This he is able to take and enjoy. The quinine and iron was again ordered, and the stump is to be dressed with nitrate-of-silver lotion (two grains to the ounce).

On March 1st he was able to walk about the ward, and on the 5th he left the hospital, with the stump healing favourably.

The head of the humerus was denuded of cartilage, and a great part necrosed. The necrosis extended down to the middle of the shaft, and pus was found in the medullary canal throughout.

UNIVERSITY COLLEGE HOSPITAL.

MYELOID TUMOUR ON THE LOWER END OF THE HUMERUS; AMPUTATION AT THE SHOULDER-JOINT; RECOVERY.

(Under the care of Mr. ERICHSEN.)

FOR the notes of the following case we are indebted to Mr. George Cox, house-surgeon to the hospital. As in the previous case, the patient was a sailor, and sustained several injuries to his arm, which finally resulted in a myeloid tumour. The patient's recovery was slow, but with every prospect of being durable:—

Benjamin B——, aged twenty-four, sailor, admitted Feb. 9th, 1864. Father and mother alive and healthy; has two brothers and three sisters living; has lost two brothers, one from disease of the spine, the other from brain disease. The patient has enjoyed good health as a rule; has had yellow fever, gonorrhœa several times, and rheumatism. About two years ago he was struck by one of the spars of the ship, just above the olecranon process of the ulna (left side), and treated himself with liniments, &c. He could bend the elbow easily, but could not quite straighten it. About a year after the patient slipped as he was coming down some steps, and fell on his left elbow, which caused considerable swelling of the joint. Six months after this accident, while riding on horseback, the animal fell and rolled over him, again injuring his left elbow. He pumped cold water upon it, which, he says, did it much good, diminishing the swelling. He went to a surgeon at Marseilles, who said it was white swelling, and advised him to apply blisters to the joint. After blistering it for a month, he poulticed it, and says there was a little discharge on the poultices, but he never noticed any opening in the skin. On his arrival in this country he applied to a medical man, who told him that the lower end of the bone was enlarged, and ordered him to paint it with tincture of iodine. He also gave him iodide of potassium internally. After continuing this treatment for a week he applied to this hospital.

State on admission.—The patient is a healthy-looking man. Says he feels quite well in his general health. Occasionally, however, he experiences a sharp shooting pain in the elbow, sometimes extending up the arm. On examination the elbow is found to be enlarged, the skin covering it being somewhat discoloured. There is no pain on pressure, except over the situation of the internal condyle, where there is a space about the size of a shilling which is much softer than the rest of the swelling, and very tender on pressure. A crackling sensation is felt on firmly grasping the enlarged part of the humerus. The

bone above this seems to be of its natural size. The bones of the forearm are quite healthy. The patient has all the movements of the elbow joint except complete flexion and extension, which give him some pain. No pain in the shoulder-joint; no enlarged glands in the axilla; no atrophy of the muscles of the arm. The swelling seems to be incorporated with the humerus, and cannot be moved independently of it.

Mr. Erichsen considered it to be a malignant growth in the bone, and advised the patient to have his arm amputated at the shoulder-joint. He was unwilling to submit to this at once, and left the hospital in order to consult other surgeons at different hospitals in London. After staying out for a few days he came back to this hospital, and declared himself ready to undergo the operation, which was performed at two P.M. on March 2nd. Mr. Erichsen amputated the left arm at the shoulder-joint. The hæmorrhage was very free, and upwards of twenty ligatures had to be applied before it stopped. Three points of silk suture were introduced, and strips of plaster applied between them to keep the flaps together. The patient was then removed to bed, and lint, dipped in cold water, applied over the wound. At ten P.M. Mr. Erichsen, finding the flaps much distended, ordered the wound to be opened up, and on this being done, a large coagulum was found between the flaps. After removing the clot a considerable number of bleeding points were discovered, and between sixteen and twenty ligatures had to be applied before the hæmorrhage ceased. A piece of wet lint was then placed between the flaps, which were brought together with two strips of plaster. Another piece of lint, moistened with ice cold water, was ordered to be kept over the wound for the whole night. The patient then had an opiate draught.

March 3rd.—Nine A.M.: No hæmorrhage since last night; the patient has been sick several times during the night, but says he has slept a little; is hungry. Ordered some beef-tea and arrowroot. Pulse 150, small; tongue dry. The piece of lint was removed from the wound, and the flaps were brought together by silk sutures, and water dressing applied.

5th.—Slept a little during the night; was sick several times; pulse 116; tongue clean, moist; retching occasionally; not much pain in stump, which discharges a little thin pus. Water dressing applied.

7th.—Slept better than the night before; was not sick so often; face drawn and pale; rather drowsy; bowels confined; pulse 108, stronger; wound suppurating freely; the redness on the upper flap has extended to the back of the shoulder; no pain in stump; poultices continued.

9th.—Has had a pretty good night; has not been sick; looks better this morning; wound suppurating freely and healthily; blush on flaps fading away.

13th.—Appearance of wound healthy; several ligatures have come away since last note; discharge less than before. Continue red-wash.

17th.—Wound healthy; discharge diminishing; only runs along the course of the ligatures.

23rd.—Did not sleep very well; a good deal of pain in the wound during the night; says he felt his fingers contract spasmodically several times, which caused him much pain; wound getting narrower, especially at the back; still touched with nitrate of silver, and dressed as before.

April 4th.—Wound looks healthier than at last report; nearly healed at posterior part, except just at the top, where there is a small opening, which discharges a good deal.

10th.—The wound is now nearly healed all over, except at the upper angles and at the lower part, where there are small openings, from which pus escapes on pressing a little below the clavicle. The patient now sits up for the greater part of the day, and takes a walk in the yard daily.

ST. BARTHOLOMEW'S HOSPITAL.

SEVERE INJURY TO THE ARM FROM A PRINTING MACHINE; AMPUTATION AT THE SHOULDER-JOINT, WITHOUT CUTTING THROUGH THE INTEGUMENTS; RAPID RECOVERY.

(Under the care of Mr. LAWRENCE.)

FOR the notes of the following very remarkable case we are indebted to Mr. G. H. Eccles, house-surgeon to the hospital. The skin was divided in a circular manner by the injury, and therefore completely obviated the necessity of cutting through any portion of it.

John P——, aged thirteen, was admitted into Abernethy ward on the 21st of April, 1864, in a semi collapsed condition, resulting from a severe injury to his right arm, which had been caught in some part of a printing machine (as far as could be made out, it was one of the bands which work the machines).

The following was the condition of the limb:—The hand and forearm were much swelled, and almost black, partly from the printers' ink, but chiefly owing to the contused condition of the tissues. Neither the radial nor ulnar arteries could be felt pulsating at the wrist. There was no fracture of any of the bones of the hand, forearm, or upper arm. Covering the forearm in a kind of roll, in the same way that one portion of a finger of a glove can be drawn over the other, was the entire integument of the upper arm, which had been torn across in a completely circular manner exactly at the point where the skin of the trunk passes off to cover the shoulder, &c. With the exception of this circular division of the integument, there was no other damage done to the skin, which, together with the subcutaneous fat and fascia covering the deeper structures, was reflected over the forearm as before described, thus exposing the muscles, vessels, and nerves of the upper arm from the shoulder downwards, and completely isolating the tendon of insertion of the biceps and the brachial artery in its usual position at the bend of the elbow, where, from the character of its pulsation, it appeared to be torn across. There was no bleeding after admission, but he was said to have lost some amount of blood at the time of the accident. There was perfect sensation in the hand and fingers.

Mr. Lawrence at once removed the arm at the shoulder-joint, leaving the integument in precisely the same condition as he found it, and only dividing the muscles &c. in the ordinary way. After detaching the limb, the acromion process projected somewhat inconveniently, so that it was necessary to remove it with the bone forceps. The consequence of dividing the ligaments between the acromion and clavicle was that the latter bone became thrown somewhat backwards. The edges of the skin were drawn together by strapping, after ligaturing the vessels. The subclavian artery was compressed by pressure with the thumb above the clavicle.

May 14th.—From the day on which the operation was performed up to the present the boy has not had a single bad symptom, and the process of healing has gone on rapidly. The integument, notwithstanding the violence to which it must have been subjected, remained perfectly healthy, not even the margin losing its vitality; and cicatrization is now rapidly advancing, the whole surface of the wound being almost level with bright healthy granulations, and the entire wound itself resembling both in shape and size the outline of a somewhat large human ear. The boy sits up all day long, and takes the ordinary diet of the hospital. The acromial end of the clavicle projects somewhat posteriorly, and the coracoid process of the scapula can be felt very plainly below it and somewhat anteriorly.

The points of interest in the case appear to be—1st, the very extensive separation of the integument &c. from the deeper tissues, with no damage to the skin beyond the circular division of it; 2nd, the clean-cut edge and circular form which the integument forming the boundary of the wound presented, and the fact that no portion of the integument lost its vitality; 3rd, the complete occlusion of so large an artery when torn across; 4th, sensation remaining in the hand &c.; and 5th, the rapid recovery of the boy without a single bad symptom of any kind.

Reviews and Notices of Books.

The Principles of Surgery, Clinical, Medical, and Operative. By FREDERICK JAMES GANT, F.R.C.S., Surgeon and Pathological Anatomist to the Royal Free Hospital. 8vo, pp. 860. London: John Churchill and Sons.

THIS large and important volume professes, on the title-page, to be "an original analysis of pathology systematically conducted, and a critical exposition of its guidance at the bedside and in operations: representing the principles of the earliest and most exact diagnosis, etiology, prognosis, and therapeutics, medical and operative." The author announces that the foundation and object of his work are conspicuously different from those of other works called "Principles" or "Principles and Practice" of Surgery, which, however excellent and valuable "in their way," are systematic compilations of general patho-

logy and therapeutics. Mr. Gant starts from pathological anatomy as a basis. "Until lately pathological anatomy stood alone, as mere morbid anatomy, dead among the sciences. Is its *power* yet understood?" He expounds its uses here. It gives to surgical operations the conservative character. If the practice of surgery as an art be guided by pathology, then, says the author, "the principles which collectively express this guiding power, in the preparatory and absolutely essential knowledge of diagnosis, etiology, and prognosis, tend—especially by virtue of their earliness and exactitude—to elevate surgery (and medicine, unitedly,) to the rank and dignity of a science." In order to do justice to the full intentions of Mr. Gant, we must, however, quote the conclusion of his preface:—

"Such being the design of this work, its educationally distinctive purpose is obvious.

"While, however, professing to discover and inculcate principles, properly so called; the logical processes of analysis, comparison, induction, and generalization, by which they are discovered, exhibit the course of all physical investigation—the very root of medical education, in contrast with that of the present system of medical teaching and competitive examination,—i. e., the cultivation of only *one* faculty of the mind, that of memory, and perhaps also the power of observation. The faculties which are peculiarly elicited and strengthened by the process of physical investigation are overlooked; or if their cultivation be ostensibly provided for by virtue of such branches of knowledge as comparative anatomy, botany, &c., those mental faculties may be equally well educated and trained by the systematic acquisition—otherwise by memory alone—of medicine and surgery: more time being thus gained for *clinical* observation; on the one hand, without prolonging the *duration* of medical education; on the other, without unnecessarily extending the *boundary* of such education,—thus relieving the high-pressure work now imposed on students in medicine.

"Moreover, this philosophic view of medicine would no less tend to form that *scientific* character of mind which is itself the almost distinctive prerogative of the medical profession. And now, perhaps more than ever, *this* distinction should be cherished, to regulate the otherwise profligate, as well as prolific, propagation of 'special' branches of practice, and to nourish their otherwise sickly growth when dismembered from the parent trunk of Medicine.

"I am, indeed, not without hope that this innovation will supply a systematic course of discipline for the investigation of Medicine as a science; while as the Principles of Surgery (and of Medicine unitedly), it will prove also a faithful guide to the student and practitioner."

We have let Mr. Gant speak for himself to the medical public, and willingly refer to his book for the demonstration of his method in carrying out this difficult and extensive design. They will find it full of laboriously gathered information and wide generalizations. We could wish that Mr. Gant's language were more clear and his sentences less Gladstonian in their length and involution; but this is a fault which may easily be mended. He has worked hard, and we hope that his labours may meet with general acceptance.

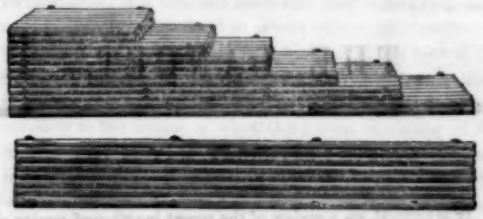
New Inventions

IN AID OF THE

PRACTICE OF MEDICINE AND SURGERY.

DUNCAN'S PATENT RATAN SPLINTS.

THESE splints have been invented for the treatment of fractures and other injuries where the use of such appliances is indicated. They are constructed in the following manner:—From four to seven pieces of cane are cut of an equal length, and placed parallel one to the other, (the number of pieces and the length varying according to the requisite size of the splint,) and they are fixed together by several pieces of copper wire passing through the substance of each cane from side to side, at given lengths. A rivet is placed at either extremity of the wire to secure it, and prevent the rods from yielding too much.



The advantages of these splints are their lightness and flexibility, admitting of the passage of air between the rods, and thus favouring the functions of the skin. The limb being first bandaged, they may be applied with but little padding, and in some cases without it altogether. With regard to their flexibility, they can be moulded to the fractured bone, and are particularly serviceable in fractures of the humerus, radius, and ulna. They are also found extremely useful in combination with other splints, such as the angular splint in fractures of the humerus, and with the long external splint in fractures of the femur, when there is a tendency to projection of the fractured ends of the bone from muscular traction. From their simple construction they can be readily cleansed, and may be considered very serviceable in hospital or private practice. They are manufactured by Messrs. Evans and Stevens, of Old Fish-street, St. Paul's.

RUBEOLA NOTHA: AN ANOMALOUS EXANTHEM.

To the Editor of THE LANCET.

SIR,—I am sorry to have to inform you that the exanthematous complaint which Dr. Babington has designated "rubeola notha" has not confined itself to the metropolis and its immediate nighbourhood. Two of my children have been attacked by it: the elder one slightly; the youngest, an infant, passed through the series of symptoms described by Dr. Babington and Dr. Grove in your last two numbers. Also, about six weeks since, I was consulted by the friends of a young gentleman at home for the holidays, who complained of sore-throat, and of an eruption which on the first two days of i s appearance closely resembled measles, and subsequently was more like what is conventionally termed "rose-rash." In all these cases the discharge from eyes and nose, and fulness of feeling about the frontal sinuses, were the most uncomfortable symptoms; and they were all convalescent at the end of a week. In the latter case many of the boys at the school from which my patient had returned had been laid up with what was called "rose rash," but which, I strongly suspect, should more truly have been called (bastard) measles.

I am, Sir, yours obediently,

JOHN INGLEBY MACKENZIE, M.B. Cantab.

Sidmouth, May, 1864.

To the Editor of THE LANCET.

SIR,—Having had lately under treatment many cases of the epidemic called by Dr. Babington "rubeola notha," I thought it would be not uninteresting briefly to describe the general symptoms as they have occurred to my patients. It appears to attack chiefly young persons, and to be contagious. Feverish symptoms have been slightly marked during the progress of the complaint, the papular eruption first appearing on the face causing more or less swelling, and covering the chest, body, and upper extremities. Heat and tingling of the skin has been generally complained of; in a few, attacks of sneezing took place, but in none was there any continued cough; in only one, diarrhœa. After recovery there is no desquamation of the cuticle.

Four or five of my patients had had measles pretty severely a few months previously.

Before Dr. Babington's description of the complaint appeared in your journal, I was inclined to think it was some form of nettle-rash.

As regards the treatment, salines, light diet, and an even temperature, are all that seem necessary to ensure a speedy recovery in the course of a few days.

I am, Sir, your obedient servant,

Richmond, May 16th, 1864. THOMAS DUNCAN, M.D.

THE LANCET.

LONDON: SATURDAY, MAY 28, 1864.

IT is natural, on a review of the recent lengthened session of the General Medical Council, to ask what has been achieved for the cause of medical progress? The Council has come considerably short of what it might and ought to have done, and especially in reference to the two most important matters which engaged its attention—viz., Medical Education, and the preparing of a remedy for the acknowledged defects of the Medical Act. It has again procrastinated where immediate action was both prudent and expedient. It has shown timidity and vacillation instead of fearlessness and firmness in the exercise of those powers which the Medical Act has given it. It still declines to try the powers it has, and whilst it affirms that its powers are thus limited, it at the same time refuses, or at least delays, to apply for new and efficient powers. Yet, all this notwithstanding, it would be wrong to conclude that nothing has been gained during the recent session, or even that the importance of the session must be estimated by the number of measures carried. That there are obstructives, that there are waverers in the Council seems evident enough; yet from the reports of the proceedings it is no less evident that there are also some men of firmness and resolution—fearless, and imbued with liberal and enlightened imperial views, as contradistinguished from mere delegated promoters of narrow corporate interests,—men actuated by the honest, earnest, and intelligent desire to elevate the profession, and to guard the safety of the public. These men will, we trust, by perseverance, succeed in inducing the Council to take effective measures, and that speedily, for improving medical education, which is at present in some points defective; and, still more, for improving the tests by which competency for the practice of the profession is ascertained, which are in some quarters at present notably deficient.

The profession recognizes in the opening of the Council to reporters for the press one important result of the last session—a result attained only after a four years' struggle. This has introduced a new era in the history of the Council. It will be found, if we mistake not, to constitute a new starting-point. It has increased the power of the Council for good to the profession; it has at the same time increased the power of the profession out of doors as at once a check on and stimulus to the Council.

With regard to the Medical Education question, it is quite evident that valuable time was lost in consequence of the Council having been persuaded, against better advice given them by Professor SYME and others who supported him, to travel along the old "groove," as the phrase is, of its old "recommendations," instead of at once starting afresh, with the determination to discuss the whole matter on broad and comprehensive principles, with the view of discovering a proper basis whereon to erect a compact and complete system. It seems to us illogical to do as the Council seemed at first inclined to do—that is, to start from details, and discuss a question of such magnitude piecemeal. There is a danger, by pursuing such a course, that important points may be missed, or at least that the various points may not obtain that degree of consideration which is proportionate to their importance. First discuss your principles, we would say; ascertain what your aim should be, and gain all the information on the subject generally which the experience of so many men sitting around the Council board, so well qualified to afford it, could give: or, to use medical phraseology, ascertain the disease, take all the symptoms together and in connexion, and thus make an accurate diagnosis; probe the matter to the bottom; inquire into the causes; and then you are in a condition to devise and apply the proper remedies. In this view it was fit and right, and beginning at the beginning, that, as suggested by some practical minds in the Council, a general debate on the whole question should precede the consideration and arrangement of details.

That debate was, doubtless, long, occupying as it did no less than three days; yet it was, on the whole, an able and interesting debate, and highly creditable to the Medical Council. As might have been expected, where there were so many speakers, and so much said, there was, of course, a considerable amount of chaff mixed with the wheat. But if the whole be winnowed, it will be found that few points of importance escaped observation and illustration; and that whilst there was much that was not new, and no small amount of repetition, yet that even what was old had new light thrown on it from various individual points of view, and that many important suggestions cropped up in the course of the debate, which were afterwards embodied in the Education Report, and will probably bear fruit upon mature discussion. Amongst other topics may be mentioned the importance of preliminary training for medical men, and the expediency of the examination on general education being completed before the commencement of professional study; the advantages also which might arise from including such branches as Natural History and elementary Chemistry amongst preliminary subjects; the necessity of the Council's laying down a minimum curriculum of preliminary education; also what should constitute the commencement of professional study, what its duration, what proportion lectures should bear to practical instruction, whether the sessions might not be more advantageously arranged than at present, what should constitute the subjects of professional study, and what the order in which these subjects might best be studied. The expediency of class examinations, and of rendering them imperative, was also largely dwelt on, and pretty generally acknowledged, though the idea of these being taken as substitutes for board examinations found no countenance or support. The arrangement of the qualifying examinations was likewise discussed, as also the necessity of these being rendered in a much larger degree practical and demonstrative than they have hitherto been. Nor, as bearing on the efficiency of the examinations, was the question of the expediency of the Medical Council's organizing a system of visitation and supervision of the examinations of the various licensing boards passed by. Attention was also drawn to the important question of concentrating the examinations by the conjunction of boards, as authorized by Clause 19 of the Medical Act, and thus making the examinations more complete and effective as regards the public, and less irksome as regards the candidates for qualifications, whilst at the same time they would be more easily superintended and controlled by the Medical Council.

All these and various other matters, "*quæ nunc præscribere longum est*," found a place in the debate. It has been asked, *cui bono* this flood of eloquence—wherefore all this "talk"? Why do the Medical Council *talk* so much and *do* so little? The sins of omission and commission on the part of the Council, as we have already expressed our opinion, have been neither few nor small; but yet we cannot join in the wholesale and indiscriminate disparagement of the Council. We do not consider such censure to be in any large measure just. We think this debate, on the whole, calculated to prove eminently useful, even whilst we hold that it might have been considerably curtailed. But there was much said, and well said, which was calculated to throw light on the subject, and to bear fruit hereafter. Without wishing to be invidious, let us single out as peculiarly valuable, Dr. PARKES's speech, in which he showed, from the extracts which he gave from the examinations of candidates for the Army Board, that men are being licensed by the qualifying boards, and sent forth with professional titles, who cannot be looked on as safe practitioners. It will not do to explain away or palliate this fact by saying that the men who go forward for army medical appointments are not first-class men, nor even average men, because the treatment of these medical officers by the army authorities is such as to repel good men from the service. That is unfortunately the case. Still it is discreditable to the licensing boards, and shows that reform is needed, that men should be sent forth to practise the profession, bearing titles of competency which, when put to a not very hard test, are found wanting. We can conceive nothing better calculated than this *expost* (which but for this reported debate might not have found such fitting expression, and could never have acted so usefully upon the profession and the Colleges) to stimulate the boards to reform their curricula and their examinations, under the guidance of the Medical Council, and to stimulate the Medical Council to see that the boards do their duty to the public—that duty in order to perform which efficiently these boards have been invested with valuable privileges and emoluments. That reforms in medical education and examination are necessary, and precisely in the direction which we have for some time indicated, as regards the public safety, can no longer be denied. If these reforms be not carried out, or even if they be unduly delayed, upon the Medical Council will justly devolve the blame, seeing that to them by law has been entrusted the duty of remedying the evil by means of the powers they at present possess. But should these powers be found *on trial* insufficient for the purpose, it surely is incumbent on the Council to go boldly to the Legislature to seek fresh powers, in the confidence that they will be granted on grounds of such urgent public expediency.

We cannot see any reason why, after having so thoroughly debated the matter thus, the Medical Council should have adopted the proposal made by one of the members, seeking in delay a refuge amidst doubts and difficulties, to postpone all action on it till another session, and to remit to committees the task of preparing during the recess schemes of preliminary and professional curricula and examinations. Why not strike when the iron was hot? Was delay under the circumstances advisable? But even if it had been advisable, how, we would ask, were the members of the proposed committees, if fairly constituted from the three kingdoms, and who had little chance of meeting one another till they met in Council, to confer together upon such important matters involving disputed points? It is during the session of the Council that such committees ought to be appointed; it is then and there that they should deliberate and prepare their reports to be submitted thereafter at once to the Council. The Council seem to have taken this view of the subject, though somewhat tardily—too late indeed, as it afterwards turned out; for they appointed, as an appropriate corollary to the debate, a Select Committee, consisting of ten members (nearly half of the Council), and presided over by one so able and energetic as Dr. CHRISTISON. To that Committee was referred a whole string of proposals regarding education, emanating from various members of the Council; and they were instructed to take into consideration the whole question of education, with the view of drawing up a comprehensive report, which, if it should not in all points command the acquiescence of the Council (a thing which could hardly be expected), might at all events form a definite basis for discussion, and which, modified and adjusted in consonance with the views of the majority of the Council, might form an authoritative directory to the licensing boards, who might then fairly be expected loyally to conform thereto.

The report of the Select Committee seems to us one of the most important documents which the Council has yet issued. It is greatly to be regretted that too little time was left during the late session of the Council for its mature consideration. More undoubtedly might have been done in the way of action upon this report than was done, but for obstacles thrown in the way by the advocates for delay. The report contains various recommendations regarding which the Council might have been expected to be pretty well agreed; these might have been adopted and sent down to the licensing bodies as recommendations to be acted on at once. In regard to others doubtless there would have been much difference of opinion; these might very fairly have been relegated to next session. The actual result was, as a *pis-aller*, the carrying of a resolution for sending down the whole report to the licensing bodies, calling their attention to the suggestions contained in it, and soliciting their observations thereon, with the view of the consideration by the Council and its decision on the whole matter next session. The report itself will be found in our Council reports, and deserves attention. A mere enumeration of the heads of the report will show how comprehensive it is. They are these: 1, Registration of Students; 2, Age; 3, Professional Study; 4, Examinations; 5, Supervision of Examinations; and 6, Suggestions for obtaining information.

Regarding the first two heads—viz., registration and age—the Council have decided. The registration has been simplified, and we think improved and made more effective. The two points sought to be compassed by a system of registration are: 1, that no student shall be registered and commence his professional studies before he has passed his examination in general education; and 2, that students shall not be permitted to enter to courses of lectures later than fifteen days after the commencement of the session. These objects, we think, are well carried out by the regulations adopted by the Council.

In regard to the minimum age at which the licence to practise should be granted, a proposal was made to raise it to twenty-two; but the Council adhered to the recommendation of the Committee to leave it at twenty-one. Though the present requirements from a student of medicine in the way of preliminary and professional study are such as to tax to the full all the time that he has at his disposal up to twenty-one,

and though in many cases he does actually of necessity postpone his final examination till twenty-two or even later, yet undoubtedly there are very many students who are well qualified to pass at twenty-one, and it would be hard to enact a law of general application that would hinder them doing so. Besides, the exigencies of the public services must be regarded; and under present circumstances it might lead to inconvenience in that respect were the age raised. We think, therefore, the Medical Council acted wisely in deciding as they did in favour of the age of twenty-one.

With regard to the other subjects embraced in the education, we must for the present refer our readers to the report itself. We would only briefly indicate one or two points which appear to us to be of essential importance. The period of professional study, which is still, as formerly, four years, is more accurately defined as comprehending attendance during not less than four winter sessions, or three winter and two summer sessions, at a recognised medical school, evidence being required that the remaining period has been passed in the acquisition of professional knowledge. The Committee, however, seem to wish to leave as an open question whether a student should be allowed to date the commencement of professional study otherwise than by attendance at a medical school. We had thought that the Council had decided by a large majority in a former session that they would not recognise any commencement other than attendance at a medical school; and by this decision came into collision with the English College of Surgeons. It is true the Council declined to take the only means in their power to enforce this decision; but it would surely require some very cogent reason indeed to induce them to change their opinion on the merits of the question. It will be curious to observe what will be the finding of the Council on this matter at their next session.

A most important part of the duty of the Council—one which they have hitherto left unfulfilled—is that of supervision of the examinations of the licensing boards. This subject is taken up by the Committee, who seem to be strongly imbued with the expediency of immediate action in the matter. What they recommend in the meantime, by way of trial, is that the Branch Councils themselves should undertake the duty. By the Medical Act the Council is empowered to delegate the duty to inspectors appointed by themselves, whether members of the Council or not. The difficulty is to provide remuneration for a duty of such labour and responsibility—one which could of course only be entrusted to men whose time and whose labour are of value. We think, however, that the Branch Councils might with propriety undertake the duty themselves of visiting the examinations; so that they may see exactly how they are conducted—on what principles the judgments are formed. They might also require the examination papers, and the written answers to the questions; and might have shorthand reports taken of the oral examinations at which they might be present. All this they would be bound to report to the General Council, who would be able thus to judge how far these examinations were effective; and in case they should consider them defective, might suggest the remedies. The very circumstance of their being liable to such visitations would, it cannot be doubted, exercise a beneficial effect on the examining boards; and we do not see why these boards should not be ready to welcome such visitations as wholesome stimulants to effectiveness. But whether the boards would welcome these visitations or not, we certainly consider that any reforms which the Council might attempt would be liable to fail if some system of visitation, whether by the Branch Councils or otherwise, were not made a *sine qua non* in their scheme.

As germane to the education question, and bearing upon the matter to which reference has just been made, we may here express our gratification that the Council, on the motion of Dr. APJOHN, adopted a resolution to the following effect:—

"That the Army and Navy Medical Boards be requested to furnish the Medical Council annually with information on the following points:—(*a*) The total number of candidates for medical commissions who have presented themselves for examination. (*b*) The number of those who passed, and of those who did not pass, the examinations of such Boards, distinguishing the number of successful and of unsuccessful candidates under the respective heads of the several licensing bodies mentioned in Schedule A to the Medical Act, and specifying their qualifications, medical and surgical, and whether they have failed in medicine or surgery. (*c*) The general nature and scope of the examinations conducted by the said Boards, together with a list of the questions proposed by the examiners."

It is to be hoped that this proposal will be acceded to by the Army and Navy Medical Boards, because it will form an important aid to the Council in remedying the evils which, as we have seen, are liable to arise from the imperfect education and testing of some of those who obtain licences to practise medicine and surgery.

In now passing from the subject of medical education, we may again express the opinion that the Education Report of the Council, though in some respects less definite and decided than could be wished, is a valuable document. In the interval between this and the next session of the Council it will doubtless be thoroughly canvassed by the licensing boards, and by the profession through the medium of the press, and thus we may expect that there will be elicited in the shape of commentary many suggestions and opinions which will materially assist the Council, at their next session, in drawing up, without further delay—which indeed would be intolerable,—a complete scheme of medical education and examination, both preliminary and professional.

THE recent inquest at the Colney Hatch Lunatic Asylum is deserving of special notice in association with the case of Mrs. SOPHIA LEANDER, of Zion House, Turnham-green. This lady has been bound over by Mr. VAUGHAN, the magistrate at Bow-street, to appear for trial at the Central Criminal Court to answer a charge of misdemeanour for keeping an unlicensed house for the reception of the insane. The facts which led to the inquest referred to show the necessity of the strictest regulation and vigilance being at all times maintained in establishments where lunatics are under treatment. It appears that JOHN PHILLIPS, whose death formed the subject of inquiry, was of the ordinary class of inmates, generally quiet, though occasionally restless. He occupied a ward containing seventy-three patients, whose condition may be best inferred from the circumstance that three keepers were equal to their efficient supervision. Amongst them was DANIEL HOBBS, a general paralytic. His chief peculiarity was a love of mischief, and a desire to destroy any property within his reach. On the day of PHILLIPS's death he was observed by one of the attendants in charge of his ward coming out of a closet, and having in his hand part of a gas-pipe. The deceased went up to him, and wanted to take

the pipe from him. No violent altercation ensued. HOBBS struck him a blow, not described as of any extraordinary force. PHILLIPS bled slightly from the nose and ears. Both men were removed to half-padded rooms as quarrelsome. It is said that PHILLIPS, subsequent to the occurrence, partook of his dinner. His injury appeared of so slight a character that no notice was taken of it for several hours, when Dr. SHEPPARD, the medical superintendent of the male department of the Asylum, was then informed of the circumstances of the case. He at once visited the injured man, and found him suffering from a comminuted fracture of the skull, which shortly afterwards terminated in his death. The whole of the circumstances were fully investigated, and it did not appear that cause for any special censure was disclosed. The jury, however, directed the attention of the authorities to the necessity of giving directions that, on even the slightest accident occurring to any inmate, the medical superintendent should be sent for, and adverted to the impropriety of permitting any portion of the gas-pipes to be so exposed as to be accessible to mischievous or dangerous inmates. In both of these recommendations we entirely concur. At the same time the accident was precisely of a character in which an error of judgment on the part of an ordinary attendant might have been expected, since a slight blow from a material of such weight would not present any outward appearances of severity proportionate to its real importance. There can be no doubt that the occurrence will lead to even closer vigilance on the part of those to whom are entrusted such responsible and difficult duties as are involved in the care and treatment of lunatics. We do not apprehend that any further proceedings will be taken in reference to HOBBS, though, doubtless, he has quite sufficient knowledge of right and wrong to render him legally liable for the consequences of his act. His presence in the Asylum is sufficient guarantee for his unsoundness of mind, and affords an illustration of the antagonism between the practice and the theory of our law.

If misadventures of the above nature can scarcely be avoided in establishments having every appliance for their prevention, how much more likely are they to take place in institutions less effectively managed. We have no desire to anticipate either the judicial decision or the verdict of the jury in the case of MRS. LEANDER. We are glad to perceive that the attention of the Lunacy Commissioners has been aroused to the necessity of preventing houses of private individuals being so occupied without a compliance with the provisions of the statute in that case made and provided. The Flushing lunacy case was a blot on our social state which will not easily be forgotten. The possibility of such recurring on a larger scale can only be prevented by the strictest scrutiny of the Lunacy Commissioners, and their prompt vindication of the law.

Medical Annotations.

"Ne quid nimis."

ARMY MEDICAL DEPARTMENT.

BY whomsoever inspired, the *United Service Gazette* is certainly no friend to the medical officers of the army, and, consequently, not the true friend of the combatant soldier. Instead of urging upon the authorities the imperative necessity of doing justice to the military surgeons, it indulges its readers with such paragraphs as the following:—

"MEDICAL CANDIDATES FOR NETLEY.—The 'Round Robin,' which it is said has been foolishly signed in the London medical schools against military medical service, has given an extraordinary stimulus to the sister institutions in Edinburgh and Dublin. Letters from the latter city mention that no less than eighty candidates are preparing for the August examination for Netley."

"SUPPLY OF ACTING ASSISTANT-SURGEONS FOR THE ARMY.—We understand that the advertisement recently inserted in the newspapers by the Director-General of the Army Medical Department has already been responded to by nearly 300 fully qualified surgeons, writing from various parts of the United Kingdom, and all expressing an anxious desire to enter her Majesty's service, even in the uncertain tenure of an acting appointment."

Now, with respect to the first of these announcements, it would be satisfactory to know the authority upon which the statement is made. If we are to regard it as correct, how are we to explain the fact that at this very moment there are 200 vacancies in the Medical Department of the Army? Whence has arisen this sudden enthusiasm on the part of the Scotch and Irish students to enter the united service? The *Gazette* may, perhaps, be able to enlighten us upon this point.

Is the second announcement intended to be congratulatory or otherwise to the service? If congratulatory, it is a strange way of "backing our friends." Surely it amounts to a severe condemnation of the authorities. Was there ever a period in the existence of the English army, except in times of decimating war, that a Director-General has been reduced to such a pass as to make appeal in the manner of his late advertisement? Had the authorities at the Horse Guards kept faith with their medical officers, there would have been no need for the issue of so humiliating an appeal. It is the severest condemnation of their own conduct that it is possible to conceive.

The facts that there are 200 vacancies, and that the service is at this moment unpopular and disgusting to those who are in it,—facts acknowledged by Lord Hartington, and well known at the War Office,—form the severest censure of the military authorities.

The disgraceful deficiency in ordinary medical information of many of the candidates at the recent military examination was openly ascribed to the fact that, for the most part, only the dregs of the students could be found to become candidates. This of course with exceptions; but that reason was roundly stated and accepted by the highest authorities in the profession at the recent sitting of the Medical Council.

The statement that any such "round robin" has been signed is, we believe, unfounded; and we have little doubt that the number of students said to be preparing will be found equally illusory. The call for volunteers from civil life is a cruel means of oppressing the medical officers already in the army. These unexamined, civilian, *acting* assistant-surgeons are to do duty at the home stations, and the unfortunate surgeons actually in the army are to be kept for ever at the grindstone, and detailed for foreign duty. Leave and promotion will be more than ever at a stand-still; and it would be surprising indeed if, after this last act of the military authorities in staving off inevitable concessions by summoning "mercenaries" to their aid, fresh candidates should be found for a service which is being treated with unequalled and oppressive treachery. We are assured that the army medical service cannot be recruited until just concessions are made; and if the present unfriendly policy be persisted in, it will die of inanition. Those are not the friends of the army who fabricate false statements of alleged "round-robins," or who hold out false promises of future supplies. The last appeal to civilians was an act of perfidy and a confession of weakness. Those who made it may triumph in the apparent momentary success of their stratagem; but this will only alarm those students who see how unscrupulous and false is the conduct of the military authorities, and how low in honour they will stoop before they will bend their pride to grant the justice which they seem to have sworn to withhold.

"Disguise it as they may," the truth must come out. The service is deservedly and profoundly unpopular. A series of injuries and insults have been inflicted on army surgeons which repel really good men from becoming candidates for employment. This unpopularity is mainly due to the "system;" and so long as that system is permitted to last, the service must be unpopular. That worthy knight, *Sir John Falstaff*, succeeded in obtaining recruits; but he wisely objected to "march through Coventry" with them. He had at all events some regard to his position, equivocal as it might be. We have no wish to draw invidious comparisons: any comparison would be manifestly unjust in the present case. The term "ragged regiment" of Shakspeare's humorous *Sir John* could not possibly apply. The Director-General has been placed in a difficulty which under a more decided course of conduct would probably have been avoided. But whatever the cause, the effects are to be deeply regretted. In a time of profound peace,—in a profession, notwithstanding the bold assertions of the Under Secretary of War, certainly not understocked,—the Director-General has been compelled to appeal *ad misericordiam* for the support of the medical service of the army in such terms and under such circumstances as are no less remarkable than unfortunate.

"DOCTORS AND PATIENTS."

UNDER the above title a paragraph has gone the round of the papers containing some data elicited from the recent Census by Dr. Farr, and which are of such peculiar interest to the medical profession that we shall try to put the principal of them before our readers.

As to the number of the sick in any given year, Dr. Farr shows that it retains a constant relation to the number dying. We alluded to this fact lately in an article on Mr. Gladstone's Annuities Bill. Actuaries had made it out independently of the late Census, but it is important to have it confirmed by the latest returns, and by so high an authority as Dr. Farr, to whom we are indebted for the establishment of other laws regulating attacks of sickness. The law regulating the proportion of sickness to death is thus stated by Dr. Farr: "For every death in the year there are constantly two persons ill in the year." In other words, for every death which happens in a community there are two years of sickness. So that, on the whole, death is a gradual thing; and, according to a philosophic view, perhaps much of the sickness which we encounter should be regarded as an instalment of the last debt. There is consolation in this discovery of Dr. Farr and the actuaries for the managers of Friendly Societies in the matter of Mr. Gladstone's Bill. They need not be so greatly alarmed. Their principal function, after all, and that in which their chief strength lies, is to assist their members during times of sickness. Mr. Gladstone does not attempt competition with them in this business, and so leaves them in undisputed possession of it. At the same time, they will do wisely to rely for the perpetual monopoly of this business—or rather, for keeping Mr. Gladstone out of it—upon nothing but their own good management of it. If they do it well, they need not fear; if they do it ill, the business is too important and too pleasant not to have grave attractions for a Chancellor of the Exchequer who has large views of the right and duty of the State to help those who are least able to help themselves.

Dr. Farr next tells us the proportion of patients, persons actually sick, to one doctor, including in this term not only physicians and practitioners, but all assistants and students above twenty years of age. There are 47 patients to one doctor. The proportion varies in different parts of the country. Here in London there seems to be the smallest proportion of patients, there being only 24 patients to each doctor. The practitioners who are blessed with the greatest number of cases are those of Yorkshire, where there are 64 patients; of Monmouthshire and Wales, where there are 75; and of Lancashire and Cheshire, where there are as many as 80 patients to one medical man. We do not pretend to say how far the proportion of sick to practitioners is a reliable indication of the medical need of any given locality. Probably it is only a secondary criterion. There is a variation in the proportion of practitioners to population corresponding with the variation in the proportion of practitioners to patients. In London, as before, the proportion of practitioners to the population is largest, there being one medical man in London to every 514 persons; whereas in Monmouthshire and Wales there is only one medical man to 1769 persons. Probably a more minute analysis of the different parts of London would show a difference in the proportion of medical men to population, the wealthier districts having a larger proportion, and *vice versâ*. It would be interesting to know, though it might be to be inquisitive to ascertain, what is the proportion between the income of the practitioner who doctors 1700 and the income of the one who doctors 500 people. Pending the inquiry, we should prefer the income of the practitioner with the least number of patients.

One of the most interesting facts brought out by Dr. Farr is this—"that the profession does not appear to be increasing in numbers." On the contrary, it appears to be diminishing; for whereas the number of medical practitioners in England under forty years of age in 1851 was 11,105, in 1861 it was only 9910. This is a very remarkable difference when the inverse difference in the population is duly considered. What can be the explanation of it? The greater demands of the licensing boards? The greater inducements and more alluring prizes of the commercial sphere? The dread of a sanitary Utopia in which medical advice will not be appreciated? Or a growing disrelish, engendered by our fastidious civilization, for work which comes irregularly and inconveniently, and which involves practical and unpleasant contact with suffering? Or was not the market previously overstocked?—and may not the convenient colonies have absorbed some at least of our redundant members? We must leave our readers to construct their own theory out of these various suggestions, or independent of them altogether. We do not know whether the same diminution holds in law. We believe it does in divinity. It is interesting to associate these two things; though, perhaps, by doing so we are more likely to become dissatisfied with the explanations which have been given of the falling off in the number of candidates for clerical work than to arrive at any satisfactory explanation of the falling off in the number of medical practitioners. Be this as it may, though work—as will always be the case—is unequally distributed, it can scarcely be maintained that there is any absolute want of medical men in the country; indeed, the number will have to be still further reduced before medical service is appreciated as it should be. Meantime we must be thankful for the last information given us by Dr. Farr, that the majority of the medical practitioners who die manage somehow or other to leave a little personal property. In the year 1858, which has been analyzed, 300 medical men died leaving personal property to pass to their successors. From which fact Dr. Farr concludes that the number which died leaving no property cannot have been considerable. This is a testimony to the providence of the profession, if not to its wealth.

THE LARGESSE OF THE LUCKY.

IT is a time-honoured faith, good for men to believe, that success, to be thoroughly enjoyed, must be shared with others. In old times the heralds scattered largesse to the crowd, because the coming conquering hero supplied the purses emptied in his honour. In the middle ages pageants and merry-makings were usually invitations to the many to make holiday because happiness or prosperity had fallen to the lot of some good genial soul. And, now-a-days, there are in most households some times set apart as *fête* days. Greenwich and Richmond could tell of many a snug dinner where a pleasant party has

"judicious drunk, and greatly daring dined," because the founder of the feast had a stroke of good luck and felt an honest desire to make others sharers of the first fruits of his success. But the same feeling also prompts men to far nobler actions, so that they not only decide to make others partakers of their good fortune, but take thoughts how their contributions shall best conduce to afford the greatest amount of advantage to the largest number. Many of those anonymous donations which, from time to time, come so refreshingly to our hospitals and charities for the sick poor are examples of such appreciative kindness. We have often urged, and again take this timely opportunity of pointing out, how peculiar a claim these institutions have on the consideration of those who are this week regarded by all the world as the recipients of the best of good luck. The crown of the Oaks and the blue ribbon of the Derby belong to their fortunate possessors because the fates were propitious, and there was no intervention of any one of those thousand mischances to which horse and rider are so liable, which made the wise man write that the race is not "always to the swift," and give some show of truth to the Italian adage, "Cavallo corriente sepoltura aperta."

Last year Mr. Naylor, the winner of the Derby, gave a thousand pounds as a charitable offering *en reconnaissance;* Captain Saville, who won the French Derby, also allocated a handsome sum for the good of the poor of Paris; and we venture to assert that neither of these gentlemen has been any the worse for his generosity. We have expressed aforetime our opinion that it is the duty of the authorities who control racing matters to provide that such deductions as these shall be considered as a rule of the turf. It has been asserted that there is no legal power to do so. But this is an unworthy quibble; for similarly it might be argued that they have no legal power to enforce the payment of bets, and therefore cannot take cognisance of any defaults in this respect. There is no question as to the fitness of the appropriation, whether we consider the special claims of the recipients or the circumstances under which those who have freely received are asked to freely give. It is a matter entirely of precedent establishing custom; and where the custom is a good one, it becomes an honourable thing to strengthen it by example. We have told how well the good work has been begun. The very lives of thousands of poor sick folks may depend upon the resolution which the winners of this week come to, and notably upon the course which the owner of Blair Athol may select. It will be an added glory to the winner when the blue ribbon of the turf is by common consent acknowledged to be also that of the Order of Mercy.

MEDICAL ETHNOLOGY.

AMONGST the triumphs of Medicine must be counted the collateral victories which its votaries have won in sciences not medical, yet essential to the study of the art of healing, and to the world's material and intellectual progress, to which medical education opens the paths. The priest of life must hold sacred all that helps or hurts vitality—all that varies or modifies the forms of life; and there is little in the whole range of biological study which has not direct bearing on his art. Then, too, modern research shows more and more clearly the relations of the life of matter inanimate to the matter which is animate, and binds man to the earth in the golden chains of uniform cosmic law, which enhances the vital interest of the most purely physical investigations. The educated physician must go far a-field for his materials, and in the search he now and then wanders into regions so enticing that he never returns to the central station whence he started to explore, but lays down his medical character to become an anatomist with Owen or Huxley, a metallurgist with Percy, or an ethnologist with Latham or Prichard. It is more rare to find the opposite course pursued; but we have under our hands an instance of the converse process, which we hope may lead its follower to as distinguished a success, of which some auguries are not wanting. Mr. Winwood Reade, following in the steps of recent explorers, has travelled through "Savage Africa," and has published the notes of his journey in an important work,* which has attracted general attention and almost unanimous applause. It is a very able, picturesque, modest, and skilful book—as far beyond the work of an ordinary tourist as "Savage Africa" is at present out of the way of an ordinary vacation tour. He took with him a natural desire to study men and living creatures in their scientific not less than their social aspects, without which travel is barren; and he gives some very careful chapters on the negro, on the gorilla, and on malaria, all of which are well worth reading. From the last of them we extract a confirmation of the fact that alcohol, so far from being a preventive of the coast fever, aids it; and that the coast phrase, "Keep a bottle of brandy a-head of fever," is a formula highly expressive of the real source of much of the prevalent disease there.

Mr. Reade's book is one which any traveller might be proud to have written, and it has received immediate recognition in England and abroad as an attractive and important contribution to ethnographical literature. But the author closes his narration with a confession admirably descriptive of the advantage to the traveller of scientific training such as medical education gives:—

"During those days which I spent in the sombre forest—during those nights which I passed in a canoe on the lonely river, or in an open boat far out at sea, cut off from all the resources of art, from all the pleasures of civilization—I was compelled to taste the grand silence of the Desert, the gigantic solitude of Space. And then were laid open before me the three grand pages of the universe—the heavens, the earth, and the sea. But I could not read them: they were written in a language which I did not understand. I could only guess at their mysterious characters; I could only look at their pictures like a child. And thus, dear reader, I have travelled a long way that I might be allowed to enter the Temple of Fame. But above its porch I have read the terrible Πρῶτ' σεαυτόν. I descend the hill which I have so prematurely mounted. I go to study, with humble industry, the elements of science, the grammar of Nature."

These are not mere words, for Mr. Reade has in truth set himself to the careful study of the grammar of creation, and is now, we believe, prosecuting medical studies at St. Mary's Hospital medical school in London. The declaration and the example are alike noteworthy facts, as testimonies of the general scientific value of the education which the medical student now receives.

ROYAL COLLEGE OF PHYSICIANS, EDINBURGH, AND THE MILITARY SERVICE.

WHATEVER may be the views entertained by military men respecting the position of army surgeons, the Royal College of Physicians of Edinburgh have, in a memorial which they have just addressed to Lord Palmerston, expressed their disapprobation of the conduct pursued by the authorities of the War Office. They give in this document a striking and eloquent summary of the proceedings of the Government respecting the treatment of medical officers since 1851, whose grievances are portrayed in appropriate and decided terms. They are too well known to require repetition in our columns. The memorialists sum up in the following sentences:—

"The effect of the changes which have been introduced since 1858 has been deplorable. Many medical officers have resigned, and it has been found impossible to supply their place. For some time past the number of candidates at the competitive examinations has been much below the number of vacancies; and of these candidates a large proportion have been found grossly ignorant, and have been rejected, which clearly indicates that the army is unpopular amongst that class of medical men whose services it would be for the interest of the depart-

* Savage Africa; being the Narrative of a Tour in Equatorial, South-Western, and North-Western Africa. By W. Winwood Reade. London: Smith, Elder, and Co.

ment to secure. So difficult has it been to procure candidates, that the limit of age of entrance has been raised from twenty-five to thirty; and that lately the Director-General has advertised for acting assistant-surgeons, who are eligible up to the age of forty years, and who are to take the place on home service of commissioned assistant-surgeons.

"Your memorialists, viewing with great anxiety this very unsatisfactory state of an important branch of her Majesty's service, would beg respectfully to urge upon your Lordship the necessity for a reform of the following grievances, to which military medical officers are subject:—1. In consequence of vacancies not having been filled up, promotion has become so slow that no assistant-surgeon now entering the service can expect to become a surgeon in less than fifteen years. 2. In consequence of the deficient number of medical officers in the army, it is with great difficulty that leave of absence can be obtained. 3. In consequence of the appointment for home service of acting assistant-surgeons, the commissioned assistant-surgeons will be almost exclusively employed on foreign service, and will be deprived of their proper turn of serving in this country. 4. The system of confidential reports, of an inquisitorial character, is felt as a degradation, both by those who are required to draw them up and by those to whose conduct they refer. 5. Medical officers are required to superintend the branding of deserters, and are thereby placed in a position which no professional gentleman should be called upon to occupy."

The example thus set by the Royal College of Physicians of Edinburgh is worthy of imitation by the other corporate bodies of the kingdom. Matters have arrived at such a state that not only is the honour of the profession imperilled, but, what is even of far greater importance, the welfare of the army is also endangered. There is reason to believe that the remonstrances which were made by the College of Surgeons and other medical bodies did much to redress the wrongs under which the naval assistant-surgeons laboured. This is the time to bring such influence to bear upon the Government with respect to the surgeons of the army.

SMALL-POX AND VACCINATION.

A DEPUTATION of the Epidemiological Society, consisting of Dr. Milroy (President), Dr. Waller Lewis, Dr. Mackay, R.N., Dr. Francis Bowen, Dr. Camps, and Mr. J. N. Radcliffe (Hon. Secretary), had an interview with the Lord President of the Council and the Vice-President, on Friday, the 13th instant, and submitted to them certain facts which have been embodied in a report of the Society's Small pox and Vaccination Committee, showing the urgent necessity which exists for an amendment of the Vaccination Laws.

Attention was first directed to the inefficiency of the existing laws. This is clearly demonstrated, not only by the frequent recurrence of epidemic outbreaks of small-pox, but also by the results of inquiries into the state of public vaccination which have recently been conducted under the direction of the Privy Council. The medical officer of the Privy Council, in his official report on these inquiries, has stated, as the general conclusion to which they lead, "that the laws now in force for the purpose of extirpating small-pox are not likely to accomplish their object, and that the system established by law for the provision of public vaccination works in an unsatisfactory manner."

Notwithstanding that vaccination has been obligatory since 1854, the average annual mortality from small-pox in England is no less than 3240, and in London alone 728. When the disease is epidemic, these averages are greatly exceeded. During the epidemic of 1850, the mortality in England reached 6460. The year following the mortality from the disease in the metropolis was 1158; while in the past year the deaths from the same cause were no less than 2012—the largest number in any one year since 1838. The majority of the deaths from small pox occur in young unvaccinated children; but the deputation pointed out, on the authority of Mr. Marson, that there is, especially at epidemic periods, a considerable mortality amongst imperfectly vaccinated adults. It would appear that there were 123 deaths from small-pox last year in the Small-pox Hospital in persons who had not been vaccinated; and in only three of these had the vaccination been such as all persons ought to receive for their full protection. Moreover, while the mortality from small-pox in the hospital amongst the unvaccinated patients was at the rate of 47 per cent., less than 1 per cent. of those admitted who had been properly vaccinated succumbed to the disease. It is most certain, therefore, the deputation urged, that "if all were thoroughly well vaccinated in early infancy, small-pox might be nearly banished from our death-registers."

Prior to the enactment of any vaccination laws, the annual average mortality from small-pox in England was nearly 12,000, and in London nearly 2000. After vaccination had been provided gratuitously, but before it was made obligatory, the annual average mortality from the disease was reduced more than one-half in England and in the metropolis. After vaccination became obligatory the average was still further reduced, as shown by the following figures:—

Annual Average Mortality from Small pox.

	England.	London.
Before enactment of any vaccination laws ...	11,944 ...	1859
Vaccination provided gratuitously, but not obligatory	5,221 ...	826
Vaccination obligatory	3,240 ...	728

A greater extension of vaccination will not meet the evils to be remedied, unless accompanied by measures to secure the more complete and effectual performance of the operation. Upon this latter point much stress was laid.

The deputation were of opinion that the law required amendment in the following respects:—

1. The registration of vaccination.
2. The form of proceeding against negligent parents.
3. The supervision of vaccination.
4. The arrangements for public vaccination.

One of the greatest impediments to efficient vaccination is the want of information on the part of the local authorities respecting the vaccination of children born in their respective localities. To meet this evil an improved registration of vaccination is required. The deputation suggested that for this purpose "(*a*) legal provision should be made for the registration of vaccination in the sub-district in which the birth was registered, and not (as now directed) in the sub-district in which the operation was performed; and (*b*) parents should be made responsible, under fine, for the regis ration of the vaccination of their children." The recent Government Vaccination Bill for Scotland includes these provisions. The deputation further repeated a suggestion made by the Epidemiological Society eleven years ago, that the registration of births should be made compulsory. The birth register would thus become a more effectual basis for the registration of vaccination.

As the law stands at present, parents cannot be prosecuted for neglecting to vaccinate their children, unless it is first proved that a particular form of notice was delivered to them by the registrar at the time the births were registered. This formality has been found a great obstacle to the facile working of the law, and it is suggested that it should be done away with. No provision of this kind has been introduced into the Vaccination Bill for Scotland.

The local authorities do not possess the power to employ and remunerate persons to supervise the observance of vaccination within the districts under their control. All that the local authorities can do to compel the observance of the vaccination laws is limited to the appointment of persons for the purpose of taking proceedings before magistrates, but they have no power to remunerate these persons. These imperfections in the existing regulations should be remedied.

The defects in the arrangements at present existing for public vaccination arise, first, from the excessive subdivision of large towns into districts, whereby it becomes impossible to

maintain proper supplies of liquid lymph; and, secondly, from the provisions of the law as regards periods of vaccination being entirely unsuited to small towns and rural districts. The irregularities which have arisen in consequence of the imperfections of the law and the bad arrangements which too frequently obtain independently of the law amount to this: that public vaccination in the kingdom is carried out very generally under no rule whatever. As a consequence of ill-considered arrangements, preserved lymph is used to an extent altogether at variance with any sound system of public vaccination.

The deputation urged that in all arrangements for public vaccination the primary object to be kept in view was, vaccination with well-selected lymph from arm to arm; and they suggested—

"(*a*) That divisions of unions into districts, and local arrangements, should be subject to such regulations as the Lords of her Majesty's Privy Council may make, and that power should be given to the Privy Council to make such regulations. This they regard as a necessary complement to the other powers now vested in the Council for securing the more efficient performance of vaccination in England.

"(*b*) That in places or districts in which, from the limited population, arm-to-arm vaccination cannot be carried on continuously, public vaccination should be carried on periodically; and that no parent residing in such districts should be liable to a penalty by reason of his child remaining unvaccinated after three months from birth, until after the lapse of one of these periodical vaccinations."

The deputation strongly deprecated any general extension of the limits of age now permitted by the law for the performance of vaccination. They did not, however, see any objection to such extension of those limits as was implied in their recommendation in respect to little populous districts from which small-pox was often absent for long periods. They suggested that these exceptional cases would be best provided for by vesting in the Privy Council "a power to designate—either by general regulation, or on the report of one of their inspectors, or on application from the local authorities—the districts in which public vaccination should be carried on periodically." A regulative power of this kind is vested in the Board of Supervision by the Vaccination Bill for Scotland.

Finally, the deputation expressed the opinion that it was inexpedient that the control of public vaccination should be vested in two distinct Government boards; and they suggested that the powers now exercised by the Poor-law Board, in regard to vaccination, should be transferred to the Privy Council.

Correspondence.

"Audi alteram partem."

MEDICAL EDUCATION.

(LETTER FROM PROFESSOR LAYCOCK.)

To the Editor of THE LANCET.

SIR,—The following facts will, I hope, serve to clear up the views of those interested as to the present and past mental condition of the medical student, especially in Edinburgh. They may, I think, be held to be undeniable, being derived from authentic sources:—

I. Medical education as it was thirty to thirty-three years ago.

1. In September, 1830, the Society of Apothecaries of London issued new regulations for students in concurrence with the London College of Surgeons, which took effect on and after 1st January, 1831. The curriculum for College and Hall stood then as follows:—

a. Courses occupying two winter sessions (six months each).
1. Anatomy and physiology. 2. Anatomical demonstrations, or practical anatomy. 3. Surgery. Total, thirty-six months.

b. Courses occupying one winter session, and of not fewer than ninety lectures.
1. Chemistry. 2. Materia medica and therapeutics. 3. Principles and practice of medicine. 4. Midwifery and diseases of women and children. Total, twenty-four months.

c. Courses occupying a summer session of three months.
1. Botany. 2. Forensic medicine, or medical jurisprudence. Total, six months.
For all these courses, sixty-six months.

d. Practical subjects.
1. Practical pharmacy during an apprenticeship. 2. Medical hospital practice for twelve months at an hospital where a course of clinical lectures is given. 3. Surgical hospital practice for twelve months at a recognised school.

The order of attendance on lectures and hospital practice was laid down, and the courses of lectures (which, be it observed, extended over sixty-six months) might be attended in two years.

These regulations were premised by remarks, which after the lapse of thirty-three years may be as usefully reproduced, as if during the whole of that period some of us had learned nothing by experience of what medical education is and ought to be. I subjoin a specimen:—

"The Court of Examiners, in instituting the following regulations, do not by any means conceive that they are requiring the maximum of knowledge that might be expected from the apothecary, but merely that quantity of information which the general advancement of science demands, and certainly not more than is requisite to afford a just security to those whose lives are entrusted to his care, including the majority of the inhabitants of every large city in the kingdom, and the bulk of the population throughout the country.

"In addition to the studies mentioned in the following pages, the Court beg seriously to impress upon parents and guardians who destine the youth under their care to the study of medicine, that a *familiar* acquaintance with the Latin language is indispensable, and that a knowledge of Greek is scarcely less so, since most of the terms of art employed in medicine and the collateral sciences are derived from that expressive language, without a knowledge of which the pupil loses the value of much of the instruction he would otherwise receive from his teacher. Natural history may be said to be essential to the proper study of the materia medica, and an acquaintance with the *exact* sciences will not only enable the student to understand more readily the admirable structure and functions of many parts of the human frame, but also assist him materially in acquiring habits of precise and correct reasoning. He must also take into account the improving spirit of the age in which we live, and must reflect how difficult it will be for him to maintain his proper station in society without the most strenuous exertions on his part."

Not a word here about the student being overwhelmed by lectures; yet, as I shall show shortly, this Court required, in 1830, precisely the same number of months' attendance in two years as are required at this moment at Edinburgh for the degrees of M.B. and M.C., and which are to be attended in four years. On the contrary, they enjoined on the student the necessity of industrious self-training, and thus conclude their remarks:—

"The Court of Examiners cannot too earnestly or too often endeavour to impress upon students the necessity of their pursuing a systematic course of study, which time alone can enable them to do; without it they will be compelled to rely upon some *vade mecum* or other trivial work formed to assist the idle or the *hastily educated man*, instead of drinking at the fountain-head of science, and acquiring their knowledge from actual and persevering research."

This Court and its licentiates have curiously illustrated how much there is in such a name as "apothecary."

2. Thirty years ago the Medical Faculty of the University of Edinburgh was hardly abreast of the "Hall and College" as to its requirements for the degree of M.D. In 1831 it first made general pathology, and surgery as distinct from anatomy, an imperative part of its curriculum. In 1833 it added in like manner three months' courses of clinical surgery, medical jurisprudence, and natural history. Mr. Syme at this time attempted to add also a similar course of practical chemistry, but failed; in 1861, however, it was made imperative, together with an additional course of three months of clinical surgery. I say nothing of the only other addition—namely, a certificate

of attendance on six midwifery cases, as practical midwifery. It thus appears that Mr. Syme is to blame, if blame there be, for all the additional courses at Edinburgh since 1833. And, in truth, the additional course in clinical surgery is made more irksome than it otherwise would be to students coming to Edinburgh to graduate from other schools, because of a regulation of the University to the effect that "no teacher is recognised who is at the same time a teacher of more than one of the prescribed branches of study, except in those cases where professors in the University are at liberty to teach two branches." Now the Professor of Surgery in Edinburgh University, strange to say, is not at liberty to teach clinical surgery; consequently all those lecturers on it in Edinburgh and other schools who also teach surgery are not recognised. It thus happens that students from other schools who hold the certificates of such lecturers on clinical surgery are obliged, unless the regulation be evaded, to attend the course over again, and must, in fact, attend Mr. Syme's course!

II. Medical education in 1864.

With this exception, which rests I believe wholly with Mr. Syme to obviate, no student of the Edinburgh University need attend more than one course on any subject. Now, excluding hospital practice and clinical medicine and surgery, there are nine courses of six months, and four courses of three months—in all thirteen courses, with a total of sixty-six months of lectures spread over four years, required for the degree of M.B. and M.C., being precisely the number required on Jan. 1st, 1831, by the Hall and College, and spread over only two years. At this moment these boards require five double courses and two single courses of six months, and six courses of three months—in all thirteen courses, with a total of ninety months of lectures spread over four years. Yet Mr. Callender has clearly shown* that the time occupied by attendance on them during the sessions "averages even less than two hours daily." It is obvious, then, that "cautious advance in the acquirement of useful knowledge by the medical student is quite practicable."

I am, Sir, your obedient servant,

Rutland-street, Edinburgh, April, 1864. THOMAS LAYCOCK, M.D.

ACUPRESSURE IN AMPUTATIONS, ETC.

(LETTER FROM PROFESSOR SIMPSON.)

To the Editor of THE LANCET.

SIR,—My attention has just been called to some observations of your Aberdeen correspondent upon the arrestment of hæmorrhage in amputations by acupressure. (See THE LANCET for April 30th, p. 508.) He states that when acupressure was tried in Aberdeen by Drs. Keith and Pirrie, they found a difficulty in pinning the artery when seated in an angle of the flap, and had to resort to the ligature for securing the main trunk. I am not myself a practical surgeon, but I have now seen acupressure used in a considerable number of instances of amputation of the thigh, leg, arm, and forearm, and I never in a single instance observed the "disadvantage" to which your correspondent refers; on the contrary, I have encountered more than one instance, and heard of others, where the ligature was found extremely "difficult" or totally failed from the retraction of the bleeding orifice, and where acupressure succeeded in arresting the hæmorrhage.

All *new* practices and manipulations are, it must be remembered, liable to be regarded as troublesome and difficult merely because they are new. And I have no doubt that after a few attempts such excellent surgeons as Drs. Keith and Pirrie will find acupressure as easily applied as the ligature, and even, I believe, more so. For as long a period as one or two centuries after the deligation of arteries began to be used instead of cauterization, one of the "disadvantages" alleged against the ligature by such great surgeons as Fallopius, Nuck, Woodall, Wiseman, &c., was the "difficulty" of surrounding the artery with the thread. About a century and a half after deligation was first practised and propounded by Paré in amputations, Dr. Salmon, a celebrated London surgeon of his day, in his "Ars Chirurgica," describes the ligature of arteries as "*very* troublesome, and not mightily approved of now." "In my judgment," observes Read, another London surgeon of the 17th century, "Paré's practice is but a troublesome and dangerous toy, as he shall find who shall goe about to make triall of it."

As another objection against acupressure, your correspondent adduces "further the disadvantage of putting the patient under the influence of chloroform the following day for the removal of the needles." I never saw a patient put under the effects of chloroform for the removal of acupressure needles. Their withdrawal is not attended with any such pain as to require anæsthesia. No surgeon, as far as I know, uses chloroform when he removes a stitch or suture-thread from the lips of a wound; and the chloroforming of a patient for the withdrawal of an acupressure needle is not more necessary than for the withdrawal of a suture-thread.

Your correspondent further states, that "the much vaunted union by first intention" was not verified in Professor Pirrie's case; and adds: "To be sure it was a scrofulous patient, with an extensive diseased knee-joint, where union by adhesion could hardly have been expected." He forgets, too, that the main artery was secured by a ligature, and not by acupressure, and that every ligatured point is necessarily a point of strangulation, mortification, and sloughing in the centre of the wound.

If surgeons, after the amputation of a limb, avowed it as their predetermined intention to implant small morsels of dead flesh into the sides and depths of their wound before they sewed it up; and further, if they fixed and stitched these fragments of mortified flesh into the raw walls of the wound by a series of silken threads, and retained them there for a week or two, would not the practice be considered as most strange and objectionable in its character, and rather discreditable to the advanced state of modern surgery? Still this is exactly and virtually what is done when surgeons resort to the ligature of arteries in their amputation and other wounds; for every arterial point strangulated by a ligature necessarily dies and sloughs,—so far preventing primary union and adding to the mischances of septic poisoning by so many morsels of dead and decomposing tissue being left inclosed between the lips of the wound. By acupressure all this destructive injury and death of the inclosed portion of artery is avoided, and thus far the chances of primary union are greatly increased. But acupressure—thus a most important element in obtaining primary union—is by no means the sole one in large wounds, and hence union by the first intention after amputation and other severe operations is as yet unfortunately the exception to the rule, and not the rule itself; yet the only one of the three amputations in the Aberdeen Infirmary in which the hæmorrhage was stayed by acupressure alone—namely, a case of amputation of the leg, performed by Dr. Keith—did, I have been informed, close throughout from union by the first intention. Has your correspondent ever seen in the Aberdeen Hospital, or elsewhere, another single instance in which, after amputation of a limb, complete union by the first intention occurred? If he has, he has been unusually fortunate, for, according to the testimony of one of the oldest and most experienced surgeons of Europe, Professor Chelius, union of "the wound after amputation of large limbs *never* takes place by complete agglutination in the strict sense of the word;" yet surely when this rare occurrence did take place in one of the three amputations alluded to by your correspondent—and that one the only case, I repeat, in which acupressure alone was employed—the circumstance did deserve a passing notice, though he has thought fit to give it none.

I am, Sir, yours, &c.,

Edinburgh, May, 1864. J. Y. SIMPSON.

* The Present State of Medical Education in England, p. 7.

CHRONIC METRITIS.

To the Editor of THE LANCET.

SIR,—As a former editor of THE LANCET, and as a veteran reviewer, I am fully aware that the criticisms contained in a review constitute all but sacred ground, and that they are not to be lightly questioned or impugned. In the able analysis of Dr. Scanzoni's work on Chronic Metritis, which appeared last week, there are, however, some incidental allusions to my views on uterine pathology which appear to me absolutely to require notice.

The terms in which my writings are referred to in the review in question convey to the reader the idea that they are in opposition to the doctrines expounded in Dr. Scanzoni's work; indeed, they all but imply that I refer to chronic disease of the cervix uteri all, or nearly all, the morbid conditions which he describes under the term of chronic metritis.

Now, nothing can be more unfounded, more remote from actual facts, than such an inuendo. I have not read Dr. Scanzoni's late work; but I may safely say that nearly every pathological fact attributed by the reviewer to the talented

German physician will be found in one or other of the three last editions of my treatise on Uterine Inflammation. In none of these editions have I given to inflammation of the uterine neck that exclusive predominance which I am so often accused of doing. So far from this being the case, I claim to have published in my second edition in 1848, just sixteen years ago, the first complete account of chronic metritis,—that is, of chronic inflammation of the body of the uterus,—thus forestalling Scanzoni in many of his thoroughly practical and correct statements by sixteen years.

The first edition of my work, which appeared in 1845, was a very small volume, entirely devoted to the consideration of the pathology and treatment of inflammation of the uterine neck, then but little known or understood. It is the only edition which, to my knowledge, has been translated into German, and may be the only one known to Scanzoni. The second edition was a totally new work, which embraced the consideration of inflammation in all the uterine organs and appendages. Both in this and in the subsequent editions I have endeavoured to escape giving undue importance to disease in one region more than in another, and to generalize the pathology of uterine inflammation as much as possible; and yet, even up to this day, some of my friends, as well as most of my scientific opponents, write and speak as if I had never written anything on uterine disease but this essay on cervical inflammation, and as if I attributed every possible uterine lesion and symptom to this form of uterine disease. Thus my friend Dr. Tilt, in the recent edition of his work on Uterine and Ovarian Inflammation, pp. 2–3, makes me refer amenorrhœa, dysmenorrhœa, menorrhagia, and leucorrhœa, in nearly all cases, to ulceration of the neck of the uterus: positively an act of insanity. I am, most certainly, altogether guiltless of having ever given utterance to so ludicrously absurd an assertion. Indeed, the slightest reference to my really very comprehensive work will prove that I have devoted extreme attention to inflammatory lesions in the body of the uterus, the ovaries, and the lateral ligaments, and to the non inflammatory modifications of nutrition which are connected with pregnancy, abortion, parturition, &c. Had I endeavoured to propagate such insane, one-sided ideas as those often imputed to me, my work would never have gone through four editions in England, and five in America; nor would it now be receiving the honour of translation in Paris, under the auspices of several of the leading members of the Parisian midwifery body.

I remain, Sir, obediently yours,

Grosvenor-street, May, 1864. HENRY BENNET, M.D.

ON UNUNITED FRACTURES.

To the Editor of THE LANCET.

SIR,—Ununited fractures, as defined by Mr. Winchester, "are but simple fractures, allowed to pass from stage to stage either from want of professional assistance, or, with it, through defective means at command, until nature, exhausted by repeated fruitless efforts, seems incapable of renewing them." With this definition few would be inclined to cavil; but referring to a paper lately read before the Medico-Chirurgical Society, "On a New Operation for obtaining Union of an Ununited Fracture," Mr. Winchester regrets that a subject of such importance "should not have been viewed in all its bearings, instead of being confined to the consideration of the proposed operation only;" in other words, that the subject of "prevention" of an ununited fracture ever occurring should not have been discussed. To have written on this subject, deeply important as it is, would have involved a consideration of another matter, distinct from that clearly expressed in my title, "On a New Operation," &c. It is a first principle in the discussion of any subject to keep to the point. To have wandered from it, as Mr. Winchester proposes, would have been to discuss other matters than those submitted to the Society.

Mr. Winchester is very severe in his criticism of the operation I have proposed. He does not hesitate to say that "the unfavourable result of the second case recorded by Mr. Bickersteth must be attributed to the constitutional disturbance it excited, and consequently amputation in that instance would have been a far preferable expedient." Now, it so happens that the operation I brought under the notice of the Society was not performed in this instance, but another and very different one, involving an extensive wound of the soft parts; yet the patient entirely recovered from the effects of the operation. The wound healed, and he went about for some time with a limb, at any rate, no worse than before. Because he afterwards died, and the post-mortem examination revealed extensive tubercular depositions in the bones and throughout nearly every organ in the body, Mr. Winchester asserts that "amputation would have been a far preferable expedient."

Let us live and learn; yet I trust the day may be far distant and the surgeons few who, with Mr. Winchester, would consider themselves called upon to amputate the thigh simply because the bone had failed to unite.

Mr. Winchester urges as objections to the operation—

1st. "*The risk*" which, in his opinion, "far outbalances the success which may occasionally attend its performance." On this subject I have simply to say that the operation has only (as far as I am aware) been performed five times—i. e., twice on the lower jaw, twice on the humerus, and once on the tibia; that no constitutional disturbance worthy of notice has followed in any instance; and that the result has been uniformly successful.

2nd. *The difficulty of performance.* He writes: "To preserve the ends (of the bone) in exact position, while drilling oblique holes through them, must be attended with extreme difficulty." Had Mr. Winchester ever performed "resection" for ununited fracture, or even witnessed this operation, he could not have failed to observe the extreme difficulty of *separating* the broken ends, so firmly are they, in the vast majority of cases, adherent by dense fibrous tissue. The bones require no holding, and the operation of drilling required no more skill than is possessed by the most ordinary artisan.

3rd. *The danger of tetanus or pyæmia through "the injury necessarily inflicted on the soft parts."* To this I must reply, that the operation I have proposed inflicts no wound or injury to the soft parts beyond what is occasioned by the simple transit of the drill.

4th. And to sum up, Mr. Winchester considers the operation unnecessary. "I have no hesitation in expressing my belief that in any case in which a cure can be effected by it, the same may be as readily, if not more so, accomplished without it. I cannot, therefore, see any advantage to be gained by its adoption." To answer this objection would involve a consideration of all the methods hitherto adopted by surgeons for the treatment of ununited fracture. This is too extensive a subject for me to broach on the present occasion. It is clear, however, that amongst them Mr. Winchester does not exclude "amputation."

But Mr. Winchester has invented a splint with rack and pinion, by the use of which union has been accomplished in two instances—one of double fracture of the humerus, and one of fracture of the femur, and which, therefore, he says, "would doubtless have done the same in those cases of ununited fracture alluded to in Mr. Bickersteth's paper."

The instrument is figured and described in THE LANCET of Oct. 14th, 1854, and, from Mr. Winchester's description of its powers, rivals, in its influence over the bones the wonderful effects attributed to "Holloway's pills and ointment" over diseases of the soft parts. "It is," says Mr. Winchester, "adapted for the thigh, leg, and arm—applicable to either simple, compound, comminuted, or oblique fractures, is perfect in its retentive powers, embracing the limb only at the exact points necessary for complete security, and therefore, if used from the first, will not only shorten the duration of suffering, but effectually prevent the occurrence of ununited fractures."

Notwithstanding this high encomium, it would be interesting to know how it could have been effectually applied, or even applied at all, in the cases of ununited fracture of the lower jaw detailed in my paper.

I am, Sir, your obedient servant,

Rodney-street, Liverpool, May, 1864. E. R. BICKERSTETH, Surgeon to the Liverpool Royal Infirmary.

INCONTINENCE OF URINE IN BOYS.

To the Editor of THE LANCET.

SIR,—I shall be glad if you will make known to your readers a very simple method of curing that form of incontinence of urine which occurs in boys during sleep, and which often baffles the ordinary attempts to relieve. I do not allude to cases of stone in the bladder, or to those in which the disorder can be traced to worms in the small or large intestine, as such cases are amenable to treatment suited to each particular case, and which it is unnecessary to mention. My observations apply to incontinence of urine which can be traced to no assignable cause, but is considered to depend on an irritable state of the bladder, and is often attributed to weakness of constitution and struma, and for which steel, quinine, and strychnia are frequently ineffectually administered.

The plan is one of great simplicity, and consists in encircling the root of the penis in a common elastic ring made of vulcanized indiarubber, such, in fact, as is used for stationery purposes. Let the bladder be emptied the last thing at night; the ring is then to be applied, and must be retained during the night, and removed early in the morning. It may be also used during the day if the bladder is irritable, which is not uncommonly the case.

In cases which have come under my notice, I have administered the carbonate of iron and an alkali, with an occasional purge of calomel and scammony; but I do not attribute much importance to the medical treatment, as I have always found that similar medicines have been ineffectually given before the ring was employed.

There is nothing new, after all, in retaining the urine in the bladder of children, as formerly it was the invariable custom to clap on the *jugum penis* for five or six hours before the operation of lithotomy; but I am not sure that the plan I now mention has been used for incontinence of urine before. I can recommend it for its extreme simplicity and its unquestionable efficacy.

Yours obediently,

St. Helen's-place, May, 1864. JOHN ADAMS, F.R.C.S.

EDINBURGH.

(FROM OUR OWN CORRESPONDENT.)

THE summer session opened at the commencement of this month. Dr. Bennett has returned and resumed clinical teaching, a work in which he excels. It was a matter for deep regret that he had during the winter to give up lecturing for a time and go to the south of Europe, on account of an affection of the throat; but we congratulate the Edinburgh School upon his return, and are glad to find that during his temporary indisposition he has lost none of his characteristic ardour as a teacher. The subject of Professor Bennett's introductory lecture was the engrossing one, "Medical Education." On this matter he takes a different view from some of his fellow-professors. In his estimation the progress of the science and art of medicine is a subject for congratulation, and not for envy and regret, as it seems to be regarded by some. As regards his views on lectures, that such as are good and well delivered do not occasion loss of time to the student, there are few who will disagree with him; nor will his statement be controverted that if the lecturer knows little of his subject, reads a monotonous compilation, is incapable of fixing the attention of his class, or has not sufficient means for illustration or experiment, the lecture can produce little effect. The chief thing in the matter of lectures, in his idea, is that pains should be taken to obtain good instructors—that it is the lecturers, and not the variety of subjects, with whom the fault of the inutility of lectures lies. That lecturers should be able to lecture must be so evident that all will agree with Professor Bennett. But in his remarks upon examinations the same unanimity of opinion is not likely to prevail; for when he observes, "the only parties capable of examining are experienced teachers who, in consequence of their annually reviewing their special subject, must be cognisant with details," he comes in opposition to the large body of our college examiners, who are men of ability and reputation, conscientiously endeavouring to discharge this duty, and who, I cannot but think, do that duty well. Dr. Bennett summed up the points for the consideration of the Medical Council under three heads—(1) the means of securing good teachers; (2) the means of obtaining efficient examinations; (3) how to extend the practical methods of learning the science and art of medicine in our schools.

I mentioned in a former letter that the University proposed giving the students so many marks according to the position occupied in the class examinations. I understand that this system has already come into use at the examinations lately concluded, and I also understand that the written examinations for class prizes have this year been turned to practical account, each student's competing paper being valued at so many marks, the number of the marks having reference to the examinations for the degree. I have not yet heard that the extra-mural lecturers have objected to this, although it is likely to prove injurious to them. Those students who obtain a certain per-centage of marks have only to answer one of the questions proposed at the written examinations for the degree; those who have obtained a lower rate, to answer two questions; whilst those under a certain per-centage answer all the questions required.

The Edinburgh students are well off in having two courses of lectures on insanity delivered during the summer session. The one is in the extra-mural school, by Dr. Skae, of the Royal Edinburgh Asylum; the other is by Professor Laycock, on medical psychology and mental diseases. In his introductory lecture Professor Laycock dwelt on the necessity for the combination of principles and practice for the right understanding of mental diseases, and alluded to the error that the metaphysician is liable to commit who is ignorant of practical details. This subject was illustrated by those two well-known cases, that of Mr. Windham, and that of G. V. Townley. The Edinburgh School is fortunate in having two such able and experienced exponents of this important branch of medicine.

There are two sanitary questions at present exciting a good deal of attention among us. One is the drainage of Edinburgh. A great portion of the sewage is poured into the water of Leith, and is said by those on the one side to make it injurious to health, a charge which is denied by the others. From what I observe I cannot but think that were it not for the cost of the drainage scheme all parties would be agreed; for whether statistics prove that certain portions of the town are more unhealthy than others or not, still no one will but allow that the water of Leith is not a pleasant stream to look upon, nor that it is an agreeable walk at all times of the year to stroll along its banks. Surely to look at its dark and bubbling waters the similarity of name recalls that of "Lethe," that infernal river of the Greeks, whose name is associated with the dead. Some may ask, Why should not "modern Athenians" have their Lethe's stream as well as the ancient? The estimated cost of the drainage scheme amounts to £60,000: the sum is certainly considerable, when it is remembered that this sum is to be expended merely to conduct the sewage to the sea. It is remarkable that no company has been started for the purpose of utilizing the sewage, for the site of the city is well fitted for such a scheme. In Edinburgh we boast—that is, our cleaning committee does—that £7000 a year are obtained for the street sweepings and the household refuse; and if so much can be realized from the one portion of our waste, why not utilize the other? The other sanitary matter is the Diseased Meat and Cattle Bill; but the subject is too important to be considered at the end of this letter.

Edinburgh, May 20th, 1864.

DUBLIN.

(FROM OUR OWN CORRESPONDENT.)

THE twenty-first annual report of the Council of the College of Surgeons in Ireland will be laid before the fellows on Monday, the 30th inst. From it will be learned that 15 candidates were admitted to the fellowship of the College, 116 received letters testimonial, and 29 the diploma in midwifery; 50 candidates for the letters testimonial were rejected. A most painful feature in the report is the list of deaths recorded amongst our fellows and licentiates, amounting in number to 30; on which roll appears—the latest of our losses—the name of Robt. Johns, chairman of the Midwifery Court of Examiners: an event most unexpected, and which resulted, after but a few days' illness, from peritonitis.

Robert Johns was the son of the late Colonel Johns, of Wexford, a gentleman of high social position, who destined the subject of these remarks for his own profession, in the study of which he was actually occupied for some years at one of your military colleges, but which he was ultimately compelled to give up all idea of entering in consequence of delicacy of constitution. He then turned his attention to the study of medicine, and was bound apprentice to the late celebrated surgeon, William Henry Porter, professor of surgery to the College of Surgeons, and one of the surgeons to the Meath Hospital; in which institutions he pursued his professional studies, contemporaneously with the prosecution of his arts' course in the University of Dublin, where he took out degrees both in arts and medicine. In the year 1839 he became a licentiate, and in 1844 a fellow, of the College of Surgeons. For a time he devoted himself to country practice, having charge of the Fethard and Tintern Dispensaries; but ultimately yielded to the advice of many of his friends (who considered it a pity that talents

and acquirements of so high an order as his should be confined to the narrow sphere of country practice), and removed to Dublin, where for three years he discharged the highly responsible duties of assistant-physician to the Rotunda Lying-in Hospital in so successful and admirable a manner as to lead to his devoting himself for the future exclusively to this branch of his profession, in which he speedily acquired reputation and an extensive and increasing practice. One of the earliest in this city to recognise the value of the speculum in the treatment of uterine disease, he soon, through its instrumentality, acquired an intimate familiarity with the diseases of the uterus, and in consequence enjoyed a large consulting practice in this special department. His writings are numerous, and have no doubt rendered his name familiar to such of your readers as take an interest in obstetric literature. Dr. Johns was married, having succeeded in winning the affections of the daughter of his master, Professor Porter—a lady who, with a large family, still survives to deplore his loss. His sudden death, at the early age of forty-nine years, in the full vigour of his life of usefulness, has spread through our ranks but one feeling, that of dismay and regret.

In years yet to come, what perhaps will be considered the most interesting portion of this report is the gracious reply vouchsafed by her Majesty to a report forwarded to her of the proceedings on the occasion of the opening of our new Examination Hall, now called the Albert Hall. So interesting do I consider it that I shall submit a copy of it for the perusal of your readers. The President, having forwarded a report of the inauguration of the Albert Hall to Gen. Sir Charles Grey, to be laid before her Most Gracious Majesty the Queen, received the following letter in reply:—

"Windsor Castle, June 6th, 1863.

"Sir,—I have had the honour of receiving, and of submitting to the Queen, your letter of the 30th May, with the enclosed reports of the proceedings at the Royal College of Surgeons in Ireland, on the occasion of the inauguration of the Albert Hall by his Excellency the Lord Lieutenant.

"Her Majesty has been deeply touched and gratified by the perusal of the report, and commands me to request that you will have the goodness to convey to the President and Council of the College, and to accept for yourself, the expression of her Majesty's best thanks for their kind attention in sending it to her.

"I have the honour to be, Sir,
"Your very humble and obedient servant,
"C. GREY."

Dr. Parkes's speech at the General Council, as reported in THE LANCET, has been read with considerable interest here. We all feel that every word of complaint has but too much foundation in truth. The serious matter, however, is the great difficulty experienced by every parent in procuring for his son a sound preliminary education. I know not how it may be with you in England, but in Ireland I can speak with some authority, as one long engaged in medical education; and I assert that the vast majority of students are deplorably deficient in the elements even of a sound English education, not to speak of an acquaintance with ancient or modern languages. Parents make anxious inquiries as to the best school, pay high terms for many years, and get their sons back, in but too many instances, unable to spell correctly. The rock upon which we split is permitting medical corporations to attempt to discharge duties for which they never were originally intended. It is all very well to lay down on paper an apparently well-arranged preliminary examination: the competition between the colleges is too keen to permit of its being enforced with the necessary rigour, and young men are allowed to enter on the study of our profession, who hereafter, from defective general education, bring disgrace on our class, and draw down such well-merited censure as that of Dr. Parkes. Let the General Council only permit young gentlemen to commence the study of our profession who can produce a certificate of having passed some such examination as that known as the middle class examination of your universities, and it will confer on our profession a boon in some degree commensurate with the vast expense it has already entailed on us. Until that, or some such course is adopted, Dr. Parkes and his successors will still have the same ground for complaint. When a man is qualified it is rather too late to look up his writing or spelling.

Dublin, May 21st, 1864.

MR. PRESCOTT HEWETT has been appointed Examiner in Surgery at the Army Medical Board of Examiners in the room of Mr. Paget, resigned. The appointment is one which will receive general approval.

SURGERY AT THE SEAT OF WAR IN SCHLESWIG.

(*Communicated by* LOUIS STROMEYER LITTLE, Assistant-Surgeon to the London Hospital.)

I FOUND, unluckily for the Danes, in the field hospitals adjacent to Düppel so few wounded that I have returned to this place, where, in fact, are collected those sick and wounded of the Prussian army at Düppel who are unfit to be sent further south. These are altogether between 500 and 600, the syphilitic and scabies cases not included. The wounded form at present by far the smaller number. They are distributed in different public buildings, the general arrangements of which are good, with but little overcrowding. The wounded are generally divided from the medical cases, and, where it is found practicable, the contagious medical (typhus) cases are again separated. As a rule, also, those suffering from the more severe wounds, or those in which profuse suppuration exists, are disseminated as much as possible. Bronchitis, catarrh, pneumonia, and typhus, constitute the greater number of the medical cases: the last of these diseases is of a low, bad form, and correspondingly fatal.

Although the severely wounded are retained in the light field hospitals around Düppel, many of the less severely wounded who have at once been sent on hither, a distance of twenty-two English miles, along a common country road, have made the journey with great aggravation of their cases. Such are the exigencies of an actual campaign; orders having been given to keep as many beds empty at Düppel as possible—doubtless in anticipation of the long-talked-of final assault of the Prussians. The cases here offer great variety, owing to the different kinds of missiles used in this siege; still the larger number of wounds have been caused by the ordinary conical rifle-ball, others from shell, canister, grape, &c. All the wounded whom I visited in the town of Schleswig, alluded to in my former communication, had received their injury on the same day, at the fight of Oversee; whilst here there are some who were wounded two months ago, and others but yesterday. The air in the wards is on the whole far from good. Ventilation is attempted by apertures made at the bottom of the doors for the entry of fresh air, but no provision is made for the exit of foul air; and when the windows are shut, as they almost always are, the stoves (open), which from their construction draw their supply from the lowest strata in the apartment, serve but very slightly as ventilators. The Germans consider a temperature of 70° F. to be necessary; consequently in cold weather, when a window is never opened (and we have had ice here until quite recently), with this defective ventilation, the odour of typhus secretions, suppurating wounds, articles of diet, and tobacco, in some of the wards is intolerable.*

The mode of dressing simple suppurating gunshot wounds here is various, and is in general rather complicated. The following plan is often employed:—A piece of linen, perforated to allow of escape of discharge, spread with simple ointment to prevent its adhesion to surrounding skin, is placed over the wound; over this comes a mass of loose dry charpie to absorb the secretions; then a compress of linen; next oil silk; and lastly a bandage, or three cornered handkerchief, to envelope the whole. The perforated linen is employed to facilitate the removal of the charpie, which, when placed in immediate contact with the granulations, requires much expenditure of time in its removal, and is apt to cause laceration of the granulations. This long-employed dressing is thought to fulfil the chief indications of treatment: exclusion of air, free exit of matter, and, most important of all, if not too rarely or too frequently removed, it does no harm. Here, as in the management of suppurating wounds and compound fractures of civil practice, one sees the importance of not needlessly interfering with the progress of healing of wounds by too frequent dressing, or by neglectful delay of it. To shape an even course for the welfare of the sufferer is the aim of the thoughtful, humane, and skilful surgeon: to avoid stripping off by undue interference nature's last layer of new-formed tissue; to avoid blocking up outflow of pus by adherent, dried up, harsh, or tight bandages; to leave the last secreted layer of pus, nature's most efficient pro-

* This statement speaks stronger as to the danger of such an atmosphere, either to medical or surgical patients, when it is remembered that it is written by one accustomed, as demonstrator in a metropolitan hospital, to spend much time in the atmosphere of a dissecting room.

tector of it, in contact with the wound; to remove all stale pus, the worst of foreign substances,—are some of the points of practice, the advantages of each or all of which the surgeon has to balance when determining the frequency and kind of dressing to be employed. Cleanliness is, doubtless, a most important object both to the patient and to those about him: whether or no the surgeon believes in the contagiousness of pyæmia, hospital gangrene, &c., and the propagation of poisonous ingredients contained in decomposing secretions of wounds by means of sponges, cloths, &c., he should, as different opinions prevail on this subject, act as if he did believe in direct and indirect contagion, and avail himself of all the preventive measures at his command.

The irrigation of wounds with fresh water—a modification, as it may be regarded, of the so called water-dressing, to which I believe we are also indebted to the Germans—was introduced by Dr. Esmarch about ten years ago. I have alluded to this mode of treating wounds in a former communication from Schleswig. It is carried on by means of the apparatus termed by Dr. Esmarch "the irrigator," and was described in a paper on this subject published by the New Sydenham Society. As the mode of irrigating wounds is still little known in England, it may be as well briefly to describe it, owing to its value in enabling the surgeon to dispense with sponges or other substances for absorbing or wiping off pus. The irrigator consists of a cylindrical tin vessel—the size of a quart measure is found to be most convenient. From the bottom of the vessel proceeds an india-rubber tube of about a yard in length, at the extremity of which is a nozzle of zinc, having a bore of about one-twelfth of an inch. When the apparatus is not in use, the nozzle is dropped into the water or placed on a loop at the top of the vessel, in order to prevent the escape of water. The surgeon, in using this instrument, takes the nozzle in his hand, and with the continuous stream of warm water washes and cleanses the wound and surrounding parts, freeing them from accumulated pus and clots, without, be it repeated, the application of sponges, &c. The strength of the stream is controlled by the height at which the attendant holds the vessel, and the quantity of water permitted to flow may, if necessary, be modified by pressure of the surgeon's hand upon the elastic discharging tube. Flat pans of various forms are used to receive the water from the part—an ordinary shaped one, with well rounded edges, is very convenient, and fits almost all parts of the body so that no water escapes into the bed. The irrigator fulfils all the purposes of a syringe, is in many respects preferable to it, and may often be advantageously employed during operations. It is equally applicable in lieu of a syringe to the eye and ear. The tin vessel and tube are easily made and put together, where a syringe may not be procurable.

The scale of diet in these hospitals is quite liberal, but German surgeons have a great dread of stimulants; they think the sick and wounded cannot bear any large amount of wine, notwithstanding that the soldiers in this winter campaign have been accustomed to imbibe considerable quantities of alcohol, in the shape of "schnaps," in the field.

The primary operations, both amputations and resections, have been much more successful than the secondary operations, partly because many are done at a very late period, under the idea that the patient will bear the operation better when his system has become accustomed to suppuration. The necessary time not having elapsed, the final results of many of the cases cannot yet be given; but my impression is that the so-called conservative surgery practised here is not very successful in saving either limb or life. The resections of shoulder and elbow do, as usual, comparatively well; of the knee two only, I believe, have been performed, both with fatal result. Plaster of Paris has been used here in many cases of gunshot fracture, and, *with all its risks*, it yields results superior to those of any other treatment which I have seen here. I had been familiar with the treatment of simple fractures by means of the plaster-of-Paris and starch bandages, but I was not prepared for its successful application in this class of compound fractures. When properly applied immediately after receipt of the injury, care being taken that the pressure is perfectly regular, no swelling ensues, and the patient can be sent to the rear without suffering and without risk of aggravation of injury to soft parts from the ends of the bone.

I have closely watched with much interest the effects of the plaster-of-Paris treatment in two cases of gunshot fracture of the middle of the thigh, both comminuted.

One of these cases occurred six weeks ago. A bullet struck the middle of the thigh and passed directly through the limb, fracturing the bone, some loose fragments of which were removed at the time; other fragments, still attached by periosteum, were left *in situ*. On the morning following the receipt of the injury the plaster-of-Paris bandage was applied from the toes to the hip, thus securely fixing the whole limb. Openings about two inches in diameter were left over both wounds. Ice was continually applied for a week, at the end of which time the bandage was removed for examination of the limb, which was again put up in plaster. At the expiration of another fortnight a similar examination was made. Discharge has never been profuse, and at the present time (after only six weeks' treatment) both wounds are healed, consolidation of the bone has taken place, and the patient moves the leg without pain.

The second is a similar case of four weeks' standing, the injury, however, being rather lower down. The wounds are not healed, but the case is doing extremely well.

On the other hand, I have seen cases in which the removal of the plaster bandage was rendered necessary on account of pain—an indication never to be disregarded in other cases, on account of suspected abscesses, or because of the surgeon's inability to prevent the discharge from soaking into the plaster, &c. I have specially alluded to the above cases of successful treatment of comminuted gunshot fracture of the thigh, as such cases belong to the class of most serious gunshot fractures. Such fractures of other parts of the extremities are easily managed, and do well under different modes of treatment; but those of the thigh are by far the most difficult to dress and manage without disturbance of the ends of bones. The plaster-of-Paris bandage seems of little avail in gunshot fractures of the upper third of the thigh: all the cases of this injury which I have seen, under any plan of treatment, have either died or are doing badly. Whenever the fractured extremities of the bone are not at rest, the discharge becomes profuse, which of itself destroys the patient, or he sinks from pyæmia, &c. Neither plaster of Paris nor any other means that I have seen in use here enables the surgeon to fix the short upper end of the bone so as to cause it to remain *in situ* during the movements of the patient necessary for cleanliness, dressing of wounds, defecation, &c. Some of the elaborate fracture beds manufactured by our metropolitan instrument makers, by means of which any part of the posterior surface of the body is rendered accessible without the slightest movement of the patient, are sadly needed to alleviate misery and save life. Probably as long as war remains, in spite of the utmost solicitude of military surgeons and military commanders, humanity will be incapable of applying all the aids which it has at command in civil life. In the appreciation of the utility of the plaster bandage, we must not lose sight of the co-operative benefit of the constant local application of ice, within proper bounds, as a means of limiting the first burst or onset of swelling of the limb as soon as the reaction after injury takes place. The possible occurrence of tumefaction in a limb compressed in all directions by an inelastic bandage constitutes the peculiar risk of this method of treatment. In the hands of a surgeon of competent experience and not having too many wounded under his care to distract his attention, the method, as I have shown, may produce probably incomparable results; but it is like an engine of destructive efficiency when wielded by the careless or overworked practitioner.

Flensburg, April 16th, 1864.

THE ELECTIONS AT THE COLLEGE OF SURGEONS.

THERE will be three vacancies at the Council—one by the death of Mr. Green. Mr. Gulliver and Mr. Hancock, who retire, will, it is stated, offer themselves for re-election. We think Mr. Gulliver ill-advised to venture on doing so. The Fellows last year sufficiently showed that they are not disposed to keep up the farce of perpetual re elections; and it is not at all likely that Mr. Gulliver will induce them to break that resolve in his favour. Mr. Hancock, on the other hand, being forced by the regulations of the Council to retire after one year's service (that being the unexpired term of the gentleman in whose place he was elected), will, no doubt, be reappointed in order to allow him to serve his full term. Practically, therefore, there will be two vacancies to be filled, besides re electing Mr. Hancock. Mr. Curling will offer himself on liberal grounds, and Mr. Le Gros Clark also. These two gentlemen amply deserve and fully possess the respect and esteem of the Fellows, and will receive, we anticipate, general support.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted Members of the College at a meeting of the Court of Examiners on the 12th inst.:—

Blick, Thomas Edward, Islip, Oxon.
Bostock, Edward Ingram, Horsham, Sussex.
Cowen, Philip, Kennington.
Evans, John Tasker, Hartford.
Fail, Joseph, York.
Grellet, Charles John, Lloyd-square.
Griffiths, Griffith, Alltwen, Glamorganshire.
Johnson, Joseph, Hogsthorpe, Lincolnshire.
McCully, James, Belfast.
Mackinnon, Henry William Alexander, Somerset-street.
Owen, Robert Edward, Beaumaris.
Perks, Charles, L.R.C.P., Lichfield.
Pitt, Charles Wightwick, Malmesbury.
Shaw, Thomas Claye, Stockport.
Smith, John Ablewhite, Louth, Lincolnshire.
Squires, William Westbrook, Liverpool.
Tudge, Timothy, Yeovil.
Warburton, Joseph Wilkinson, Liverpool.
Watsaugh, William, Pocklington, Yorkshire.

The following gentlemen were admitted Members on the 13th inst.:—

Battersby, Henry Wade, Dublin.
Commins, Henry, Bray, Co. Wicklow.
Evans, Thomas Griffith, Lawrence-lane.
Jones, Alfred Orlando, Barnsbury.
Jones, John Talfourd, M.B. Lond., Brecon, S. Wales.
Liddard, William, Mildmay-road, Islington.
Manser, Frederick, Chatham.
Nimmo, Thomas, Kirkaldy, Fifeshire.
Peel, John Richard, London.
Rawle, Francis, Lambeth.
Shuttleworth, George Edward, Russell-place, Fitzroy-sq.

The following gentlemen passed their primary examinations in Anatomy and Physiology at a meeting of the Court of Examiners on the 17th inst., and when eligible will be admitted to the pass examination:—

Ansell, W. H., Charing-cross Hospital.
Brayn, H. H., Guy's Hospital.
Cooper, George, Leeds School.
Diggle, C. J. S., Dublin School.
Goddard, R. C., Manchester School.
Grose, F. J., University College.
Massy, George, Dublin School.
Millett, G. B., St. Mary's Hospital.
Murphy, T. C., University College.
Perry, George, Dublin School.
Pullan, H. W., Leeds School.
Reynolds, Frederick, Guy's Hospital.
Robertson, Robert, St. Mary's Hosp.
Smith, William, Manchester School.
Stokes, George, Dublin School.
Tarleton, J. H., St. Bartholomew's Hospital.
Wood, Herbert, Manchester School.

The following gentlemen passed their primary examinations on the 18th inst.:—

Borough, Edward, Dublin School.
Brady, John, Belfast.
Burne, Joseph, Dublin School.
Burrows, William, Belfast.
Cremonini, John, Birmingham.
Daniel, W. A., St. Barthol. Hospital.
Dickinson, F. F., Dublin School.
Hinds, W. E. G., Galway.
Langdon, C. G., St. Barthol. Hospital.
Le Sueur, R. T., Edinburgh.
Parkinson, R. C., Dublin School.
Prince, F. T., St. Barthol. Hospital.
Ramsay, J. H., St. George's Hospital.
Stone, J. N., Dublin School.
Talbot, Richard, Guy's Hospital.
Tilton, J. E., Bristol.
Williams, R. H., Dublin School.
Wilson, David, Belfast.

The following gentlemen were admitted Members on the 24th inst.:—

Armstrong, Henry Edward, Newcastle.
Beckett, Francis Mears, Canterbury.
Brewer, Henry Melvill, Newport, Monmouthshire.
Burne, Joseph, Dublin.
Churchill, John Foot, Poole, Dorset.
Dickinson, Frederick Findd, M.D., Wicklow.
Douglas, George Cox, Grantham.
Edwards Henry Nelson, Finsbury-square.
Fowler, Oliver Humphrey, Kingsclere, Hants.
Fry, Augustin Barber, Sleaford.
Gedge, Joseph, Brighill, Sussex.
Knipe, William Melville, Leigh Sinton, Worcestershire.
Mason, Philip Broome, Burton-on-Trent.
Phillips, Thomas Richards, Dublin.
Sanders, Thomas, Plymouth.
Shorto, William Burt, Southampton.
Smith, Edward Roberts, Dudley.
Wills, Charles James, Stockwell.
Wise, Andrew, Plumstead, Kent.

At the same meeting of the Court, Mr. Chas. Jas. Devonshire passed his examination for Naval Surgeon. This gentleman had previously been admitted a member of the College, his diploma bearing date April 4th, 1855.

The following gentlemen were admitted Members on the 25th inst.:—

Borough, Edward, Kilrush, Co. Clare.
Burrows, William, Liverpool.
Cantrell, Matthew Henry, Wirksworth.
Cross, William, M.D., Liverpool.
Fairles, Nicholas Watson, South Shields.
Fox, Charles James, L.D.S., Mortimer-street, Cavendish-square.
Hinds, William Richard Gore, M.D., Galway.
Levick, George, Stratford, Essex.
Lyle, William Vacy, Harrow-road.
Norrish, John, Ceylon.
Read, Charles, Falmouth.
Roberts, Augustus Morton, Sheffield.
Squarey, Charles Edward, Salisbury.
Strange, William Heath, Streatley, near Reading.
Tomlinson, Daniel Webster, Penynunt, N. Wales.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 19th inst.:—

Cowen, Philip, Kennington, S.
Davey, Francis Albert, Bath.
Ensor, John Arthur, Carter street, S.
Heygate, William Nicholas, Hanslope, Bucks.
Ireland, John Roof, Kingswinford, Staffordshire.
Jenkins, Evan, Cardigan-street, S.W.
Pearless, Charles Durrant, East Grinstead, Essex.
Richards, Frederick William, Winchester.
Smallman, Edwin Charles, Barnet, Herts.
Thomas, Robert Wrentmore, Cheyne-walk, Chelsea.
Wagstaffe, Wm. Warwick, Walcot-place, Kennington.
Warburton, Joseph Wilkinson, Royal Infirmary, Liverpool.
Wilson, Henry, Glasgow.

The following gentleman also on the same day passed his first examination:—

Andrews, Richard James, Guy's Hospital.

ROYAL COLLEGES OF PHYSICIANS AND SURGEONS, EDINBURGH.—DOUBLE QUALIFICATION.—The following gentlemen passed their first professional examinations during the May sittings of the Examiners:—

Arrowsmith, William H., Dublin.
Clarke, Alexander, Campsie.
Crabbe, William T., Kirriemuir.
Dickson, Frank Kennedy, Edinburgh.
Esson, Alexander S., Edinburgh.
Hay, G. W. Robertson, Roxburghshire.
Milward, James, Bristol.
Nicholson, Henry Allyne, Penrith.
Paterson, Thorburn, Bonnyrigg.
Tarbolton, Arthur Strickland, Leeds.

The following gentlemen passed their final examinations, and were admitted L.R.C.P. Edin. and L.R.C.S. Edin.:—

Allen, John, Malta.
Callaghan, James, Cork.
Campbell, John Alex., Co. Londonderry.
Cranke, Richard, Lancashire.
Dawson, Smith Houston, Berbice, British Guiana.
Jenkins, Evan, Llandyssul, Cardigan.
Macdonald, George, Perthshire.
Mackenzie, Stephen Coull, Calcutta.
Madigan, John Francis, Co. Limerick.
Mulvany, Matthew, Co. Meath.
O'Neill, Patrick, Co. Kildare.
Purcell, Theobald Andrew, Dublin.
Sheddon, Arthur William, Madras.
Sinclair, William, Stirling.
Stewart, Francis M'Bean, Dundee.
Thomson, John, Fifeshire.

ROYAL COLLEGE OF SURGEONS, EDINBURGH.—The following gentleman passed his first professional examinations during the May sittings of the Examiners:—

Hume, George Haliburton.

And the following gentlemen passed their final examinations, and were admitted Licentiates of the College:—

Christie, George Augustus, New Brunswick.
Cock, Henry, Newport, Monmouth.
Dobie, William, Langholm.
Hill, James, Northumberland.
Hope, Jas. Johnstone Hyslop, Lanarkshire.
Knox, John, Tyrone.
Lyon, James George, Forfar.
Macdonald, Angus, Aberdeen.
McCarty, John Wingfeare, Cork.
Morris, Thomas, Fifeshire.
Munro, Alex. Donald Neil, Edinburgh.
Orr, Adam, Clonmel.
Phayre, Thos. Raleigh, Co. Limerick.
Provan, James, Haddingtonshire.
Skimming, Robert, Wigtown.
Smith, James, Dumfries.
Smith, Parker Arthur, Canada.
Telford, Archibald Barr, Lanarkshire.
Wilson, William John, Co. Armagh.
Wyber, John, Glasgow.

ROYAL COLLEGE OF PHYSICIANS.—The President and Fellows of the Royal College of Physicians have issued invitations to a *conversazione*, to take place at the College, on Saturday, June 18th, at nine o'clock P.M.

PATHOLOGICAL SPECIMENS FOR OXFORD.—In a convocation recently held at Oxford a grace was passed for the purchase of the pathological collection of 300 specimens formed by Professor Schrœder Van der Kolk at Utrecht. The cost will be £200.

GRANT MEDICAL COLLEGE.—The annual exhibition for the distribution of prizes and scholarships to the successful students at the Grant Medical College, Bombay, was held on the 13th April. His Excellency Sir Bartle Frere presided on the occasion.

HONORARY DEGREES AT CAMBRIDGE.—Amongst the list of distinguished persons upon whom the honorary degree of Doctor of Laws by special grace will be conferred during the Royal visit, we are glad to find the following names: Dr. Watson, President of the Royal College of Physicians; Dr. A. W. Hofmann, and Professor Wheatstone.

THE WEST LONDON HOSPITAL.—The annual meeting of this rising hospital has been held, the Duke of Devonshire in the chair. A general statement was made as to the gradual growth of the hospital and the services which it renders to a large outlying district; and an especial appeal was made for increase of funds to warrant an enlargement in the hospital, which has

now become necessary. Mr. William Bird, surgeon to the institution, and one of its founders, spoke on the subject; and the President warmly appealed for general support. The hospital is one of increasing usefulness and repute.

ALLEGED BREACH OF THE QUARANTINE ACT.—Mr. George T. Sandiford, late acting surgeon on board the ship *Flying Cloud*, conveying passengers from England to Australia, was charged before the magistrates of the police-court at Brisbane, with having given false information to the proper officer with reference to the health of the passengers on board that ship, by which a contagious disease had been introduced at Brisbane. Dr. Hobbs, the officer of health, deposed to having questioned Mr. Sandiford, and received satisfactory information as to the health of the passengers, and had also examined the log book and the "hospital" on board the ship, as well as several of the sick on board, without suspecting the existence of fever. The passengers were landed, and in consequence of the appearance of fever among them, it was believed that not only had fever existed on board, but that false answers had been given to the questions put to Mr. Sandiford, and false entries made in the log-book. After an examination of four days the accused was committed for trial, bail being accepted for his appearance.

CERTIFICATES OF DEATH FROM DRUGGISTS.—An inquest has been recently held at Moxley, near Bilston, on a child of eighteen months old, who had taken medicine received from Mr. Woolley, a druggist of that place. It appeared that Mr. Woolley, who is unqualified, acts in concert with Mr. Larkin, a surgeon, of Bilston; his general practice in cases of death being to prepare a certificate for Mr. Larkin's signature. This rule does not appear to have been adhered to in the present case. A post-mortem examination by Mr. W. C. Garman showed that death had arisen from intense inflammation, and a verdict was returned accordingly. The coroner, however, strongly censured Mr. Woolley for giving the certificate, and said that he would give notice to the registrar not to receive certificates in future from unqualified persons. According to the strict letter of the law, the certificate should under the circumstances have been one stating that the deceased died without medical attendance. Under the Registration Act it is doubtful whether the registrar can refuse to register a certificate of death so worded.

HEALTH OF LONDON DURING THE WEEK ENDING SATURDAY, MAY 21ST.—The returns of London show an increase of more than 100 in the deaths of the week that ended last Saturday over those of any of the three previous weeks. The number in last week was 1421. The increase amongst young persons is to a considerable extent caused by measles, the fatal cases of which rose from 50 to 87. There were 65 deaths referred to typhus, typhoid, and gastric fever, &c.

Obituary.

JOHN STEPHENSON, M.D.

THIS gentleman, who died on the 28th ultimo, at his residence in Holloway, aged seventy-four years, was a native of Cumberland, a graduate in medicine of the University of Edinburgh, and for some time in the royal navy. He was the author of a work on Medical Zoology and Mineralogy, and, conjointly with the late Mr. J. Churchill, of the well-known work on Medical Botany. Being possessed of private fortune, Dr Stephenson did not engage in the anxieties of medical practice, but devoted himself to the study of the several departments of natural science, especially to botany, entomology, and mineralogy. Botanical and scientific excursions, the cultivation of his garden, reading, &c., were the chief occupations of his life, which he passed happily in the society of a few relatives, friends, and men of science, amongst whom the author of the Dictionary of Practical Medicine was one.

MEDICAL APPOINTMENTS.

J. H. ALLINGHAM, M.R.C.S., has been appointed Dental Surgeon to the Surrey Dispensary.

D. B. BALDING, F.R.C.S.E., has been appointed Medical Officer for District No. 2 of the Royston Union, Herts, vice F. C. Carter, M.R.C.S.E.

W. W. BALLARD, M.D., has been appointed Medical Officer for District No. 6 of the St. Neot's Union, Huntingdonshire, vice G. N. Woolley, M.R.C.S.E., resigned.

A. E. BOULTON, M.R.C.S.E., has been appointed Medical Officer for the Hemingby District of the Horncastle District of the Horncastle Union, Lincolnshire, vice G. H. King, M.B., deceased.

H. BRANTHWAITE, L.R.C.S.Ed., has been appointed Medical Officer for District No. 3 of the Lincoln Union, vice T. E. Hoyle, M.R.C.S.E., resigned.

C. P. COOMBS, M.R.C.S.E., has been appointed Medical Officer for part of District No. 2 of the Westbury and Whorwellsdown Union, Wilts, vice W. A. White, M.R.C.S.E., resigned.

T. J. COOPER, M.R.C.S.E., has been elected Surgeon to the Brighton and Hove Provident Dispensary.

J. CULLEN, M.D., has been elected Medical Officer and Public Vaccinator for the Out-door Poor within the Burgh, New Monkland, Lanarkshire, vice J. Herbert, L.F.P. & S. Glas., deceased.

W. TILBURY FOX, M.D., has been appointed Physician to the St. John's Hospital for Diseases of the Skin.

J. M. FRODSHAM, M.D., has been appointed Physician to the St. John's Hospital for Diseases of the Skin.

R. C. GIBB, M.R.C.S.E., has been appointed Medical Officer for the Upton District of the Wirral Union, Cheshire, vice W. Hewitt, M.R.C.S.E., resigned.

J. A. LEDGARD, M.R.C.S.E. has been appointed Medical Officer for the Workhouse of the Wetherby Union, Yorkshire.

A. M'BRIDE, L.R.C.P.Ed., has been elected Medical Officer, Public Vaccinator, and Registrar of Births, Marriages, and Deaths for the Newry Dispensary District of the Newry Union, vice T. H. Block, M.R.C.S.E., deceased.

G. W. MACKENZIE, M.R.C.S.E., Assistant Medical Officer at the London Hospital, has been appointed Assistant Medical Officer at the Fisherton Asylum, Salisbury, vice J. Hawkes M.D., appointed Assistant Medical Officer at the Middlesex County Lunatic Asylum, Hanwell.

B. M'LAREN, L.R.C.P.Ed., has been appointed Medical Officer for District No. 3 of the Morpeth Union, vice G. Murray, L.R.C.S.Ed.

B. MASSACK, M.R.C.S.E., has been elected Surgeon to the Tunbridge Wells Infirmary.

B. W. PARKER, M.R.C.S.E., has been appointed Medical Officer to District No. 5 (as newly arranged) of the Preston Union, Lancashire, vice W. Corless, L.R.C.S.Ed., resigned.

J. S. RIDLEY, M.D., has been appointed Medical Officer for the newly formed District No. 8 of the Preston Union, Lancashire.

J. STEELE, M.R.C.S.E., has been elected one of the Medical Officers and Public Vaccinators of the Parish of Liverpool, vice C. E. Lyster, M.D., resigned.

D. TAYLOR, M.R.C.S.E., has been elected Medical Officer to the Union Workhouse, Bury, Lancashire, vice J. Parks, M.R.C.S.E., deceased.

J. WHITE, L.R.C.P.Ed., has been elected Medical Officer, Public Vaccinator, and Registrar of Birth, Marriages, and Deaths for the Poyntzpass Dispensary District of the Newry Union, vice M'Bride, elected to the Newry Dispensary District.

ERASMUS WILSON, F.R.S., F.R.C.S.E., has been appointed Surgeon to the St. John's Hospital for Diseases of the Skin.

MILITARY AND NAVAL MEDICAL APPOINTMENTS.

M. F. ANDERSON, L.R.C.P.Ed., has been appointed Assist.-Surg. to the 2nd Warwickshire Rifle Volunteer Corps, vice Waters, resigned.

R. ATKINSON, L.R.C.S.Ed., Staff Assist.-Surgeon, has been appointed to the medical charge of the Detachment of the 28th Regiment at Sattara, Bombay.

C. H. BENNETT, M.D., has been appointed Assist.-Surg. to the 3rd London Rifle Volunteer Corps.

W. C. BOYD, Staff Assist.-Surg., attached to the 1st Batt. 13th Foot at Bengal, has been appointed to relieve Staff Assist.-Surgeon J. Rutherford, M.B., doing duty with the 16th Brigade Royal Artillery at Dum-Dum.

A. BYRSON, M.D., Assist.-Surg., has been appointed to do duty at the Depôt at Poonamalle, Madras.

J. H. BUTLER, F.R.C.S.E., Surg.-Major Bengal Service, Examiner of Medical Accounts, has been promoted to Deputy Inspector-General of Hospitals, with temporary rank, vice Deputy Inspector-General of Hospitals W. A. Green.

T. E. CHARLES, M.D., Bengal Service, officiating Professor, has been appointed Professor of Midwifery in the Medical College, and *ex officio* Obstetric Physician of the Medical College Hospital, from the date of Dr. T. W. Wilson's retirement from the service.

N. CHEVERS, M.D., Bengal Service, Principal of the Medical College, has been appointed to officiate also as Professor of Medicine in the Medical College, and *ex officio* first Physician of the College Hospital, in addition to his own duties.

A. CHRISTISON, M.D., Assist.-Surg. Bengal Service, officiating first Assistant and Opium Examiner of the Benares Opium Agency, has been appointed to the temporary civil medical charge of the Station of Ghazeepore.

S. C. G. CHUCKERBUTTY, M.D., Bengal Service, has been appointed to officiate as Professor of Materia Medica in the Medical College, and *ex officio* second Physician of the College Hospital.

W. G. CLARK, M.D., has been appointed Medical Officer of Gowhatty, Bengal.

J. J. CLARKE, Assist.-Surg. 7th Bengal Cavalry, has been appointed to assume medical charge of the 2nd Bengal Native Infantry at Moolian, vice Assist.-Surg. A. Croker, proceeded to Kurrachee.

W. R. CORNISH, 2nd Class Assist.-Surgeon Madras Service, has attained the position of 1st Class Assist.-Surgeon

D. COSTELLO, Acting Deputy Inspector-General of Hospitals Bombay Service, has been posted to the Northern Division.

D. B. DALY, M.D., Assist.-Surg. Bengal Service, has been appointed to officiate as Civil Assist.-Surg. at Mympoory.

C. O. DANIELL, M.D., Assist.-Surg. Bengal Service, has been transferred from the civil medical charge of Dhurmsala to that of Rohtuk.

W. A. DAVIDSON, M.D., Staff Assist.-Surg., has been directed to do duty with the 33rd Foot at Poona until further orders.

W. O. DAWSON, L.R.C.P.Ed., has been appointed Assist.-Surg. to the 7th Regt. of Lancashire Militia, vice Wait, resigned.

H. DAYMAN, F.R.C.S.E., has been appointed Surg. to the 4th Administrative Batt. of Hampshire Rifle Volunteers.

J. B. DICKSON, Deputy Inspector-General of Hospitals Bengal Service, officiating Inspector-General of Hospitals Lower Provinces, has been permitted to retire from the service on a pension of £700 per annum.

W. FARQUHAR, M.D., Assist. Surg. Madras Service, has been appointed Garrison Assist.-Surg. at Bangalore, vice Houston, resigned.

Staff Surg. FRASER, Khandalla Depôt, Bombay, has been appointed to the medical charge of the 103rd Foot, vice Mahaffy.

C. GRAY, M.R.C.S.E., Assist.-Surgeon, has been appointed to do duty with the Royal Artillery at Secunderabad.

W. A. GREEN, Deputy Inspector-General of Hospitals Bengal Service, has been promoted to Inspector-General of Hospitals, with temporary rank, vice Dickson, retired, and to be attached to the Lower Provinces.

A. L. GRIFFITH, M.D., has been appointed Hon. Assist.-Surg. to the 16th Wilts Rifle Volunteer Corps, vice Morris, resigned.

G. B. HADOW, Assist.-Surg. Bengal Service, has been appointed to officiate as Civil Assist.-Surgeon at Boolundshuhur, during the absence on leave of Assist.-Surg. D. Hood.

A. H. HILSON, Assist.-Surg. Bengal Service, officiating Civil Assist.-Surg. of Goruckpore, has been placed in charge of the Gaol at that Station, and vested with the powers of a Magistrate to be exercised within the precincts of the Gaol under his charge.

E. J. HOSKINS, M.D., has been appointed Civil Assist.-Surg. of Chumparun, Bengal.

W. HOWARD, Staff Assist.-Surgeon, doing duty with the 33rd Foot at Bombay, has been attached to the Artillery at Kirkee for duty.

J. JARDINE, M.D., Assist.-Surg., has been appointed to do duty with the Royal Artillery at Singapore.

T. KENNEDY, L.R.C.S.I., Assist.-Surg., has been appointed to do duty with the A Battery 3rd Royal Horse Brigade at Bangalore.

H. LANE, M.R.C.S.E., has been appointed Assist.-Surg. to the 1st Administrative Batt. of Warwickshire Rifle Volunteers.

J. M'CLELAND, M.D., has been appointed a Fellow of the University of Calcutta by his Excellency the Governor-General of India in Council.

J. M'DONALD, Assist.-Surgeon Madras Service, has been posted to the 37th Grenadiers.

G. MACKAY, M.D., Surg.-Major Madras Service, has been appointed to act as Examiner of Medical Accounts during the absence of Surg.-Major Mudge, or until further orders.

Assist.-Surg. MACLEAN, D Battery 14th Brigade Royal Artillery, Bombay, has been ordered to assume charge of the Khandalla Depôt.

A. C. MACRAE, M.D., has been appointed a Fellow of the University of Calcutta by his Excellency the Governor-General of India in Council.

M. MASON has been appointed Assist.-Surgeon to the 4th Cornwall Artillery Volunteer Corps.

Assist.-Surg. MATHISON has been appointed to the medical charge of a Detachment of the 103rd Foot at Nusseerabad, Bombay.

T. MATTHEW, M.B., has been appointed to officiate as Civil Assist. Surgeon of Shahabad, Bengal.

H. MILLER, M.D., has been appointed Hon. Assist.-Surg. to the 9th Cornwall Rifle Volunteer Corps.

P. A. MINAS, Hon. Assist.-Surg. of Sirsa, Punjaub, has been placed in medical charge of the Civil Station of Hissar, but to retain also medical charge of Sirsa.

C. P. OLDHAM, L.R.C.P.Ed., Assist.-Surg. Bengal Service, has been transferred from the civil medical charge of Madapoor to that of Dalhousie.

W. B. RAMSBOTHAM, Assist.-Surgeon, has been appointed to do duty with the Royal Artillery at Secunderabad.

J. RICHARDSON, M.D., Assist.-Surg. Bengal Service, has been appointed to the civil medical charge of Jullundur, vice Watson.

J. N. SMART, M.R.C.S.E., Assist.-Surg. to the 2nd Gloucestershire Engineer Volunteer Corps, has been promoted to Surgeon.

W. SMITH, M.D., Surg. R.N., has been appointed Surg.-Superintendent of the "Merchantman" Convict Ship.

W. A. SMITH, M.D., Assist.-Surgeon B Battery 3rd Royal Horse Artillery, has been appointed to do duty with the 32nd Madras Native Infantry, without prejudice to the duties with the Horse Brigade.

P. L. TURNBULL, M.D., Assist.-Surgeon Bombay Service, has been appointed Superintendent of Vaccination, Central Circle, vice Dr. Beatty.

T. S. VEALE, Assist.-Surgeon attached to the 32nd Bengal Infantry, has been directed to assume medical charge of the 5th Bengal Native Infantry, in addition to his other duties, vice Assist.-Surg. W. Sly.

T. W. WARD, Acting Deputy Inspector-General of Hospitals Bombay Service, has been posted to the Presidency Division.

J. M. WATERS, M.R.C.S.E., Staff Assist.-Surg., has been directed to do duty with the 97th Foot at Saugor, Bengal.

J. WILLIAMS, M.D., has been appointed Hon. Assist.-Surg. to the 27th Cheshire Rifle Volunteer Corps.

G. R. WOOLHOUSE, M.R.C.S.E., Assist.-Surg. Bengal Service, has been transferred from the civil medical charge of Rohtuk to that of Mozuffurgurh.

S. J. WYNDOWE, M.D., 2nd Class Assist.-Surg. Madras Service, has attained the position of 1st Class Assist.-Surgeon.

Births, Marriages, and Deaths.

BIRTHS.

On the 5th ult., at Quilon, Madras Presidency, the wife of Assistant-Surgeon Wm. Farquhar Davis, M.D., 17th Regt. M.N.I., of a daughter.

On the 10th inst., at St. Andrews, the wife of M. F. Heddle, M.D., Professor of Chemistry in the University of St. Andrews, of a son.

On the 15th inst., at Bretherton, near Preston, Lancashire, the wife of J. A. Bowen, M.D., of a son.

On the 20th inst., at Stourbridge, the wife of A. Freer, M.R.C.S., of a son.

On the 20th inst., at Kettering, the wife of J. W. Dryland, M.R.C.S.E., of a son.

On the 22nd inst., at Union-street West, Aberdeen, the wife of Wm. Pirrie, jun., M.D., of a son.

MARRIAGES.

On the 5th inst., at St. Mary's, Islington, Edwin Duller, M.R.C.S.E., to Louisa, daughter of J. Hill, Esq., of Wanstead.

On the 10th inst., at St. Mary Abbotts, Kensington, Thomas Hunt, F.R.C.S.E., of Alfred-place, Bedford-square, to Caroline, daughter of the late B. Hall, Esq., of Shepherd's-bush.

DEATHS.

On the 17th ult., at Khundallah, India, Henry Peter Best, eldest son of H. W. Best, M.R.C.S.E., of Thetford.

On the 3rd inst., at Milford, Pembrokeshire, J. A. Feild, M.R.C.S.E., aged 45.

On the 11th inst., at Erskine-street, Liverpool, Wm. Hannah, L.F.P. & S. Glas., aged 56.

On the 16th inst., W. B. Wall, M.R.C.S.E., of Falkner-street, Liverpool.

On the 17th inst., P. Stirling, M.D., of Johnstone, Renfrewshire, aged 44.

On the 17th inst., at West Monkton, Somersetshire, Chas. Tomkins, M.D., of Weston-super-Mare and Abingdon, aged 68.

On the 18th inst., at Gracefield, Keir, Dumfriesshire, J. Ferguson, M.D., for many years Rector of the West-end Academy, Aberdeen.

On the 19th inst., killed by the upsetting of his phaeton, Dr. Lynch, of Belfast.

To Correspondents.

Senex.—Suicidal tendencies are occasionally met with in children. A short time since a little girl, twelve years of age, living at Havre, having been scolded by her parents, procured some vitriol, and drank it off. Notwithstanding every exertion made to save her, she died in six hours. A few weeks back there was a child of the same age in the Charing-cross Hospital, who having been sent with some money by her mother to purchase some necessary, spent the sum at a "sweet-stuff" shop. Upon a threatened chastisement, the girl averred her mother should not touch her, and went and purchased some sugar of lead, which she took. She was brought to the hospital with symptoms of poisoning, from which, however, she recovered.

Mr. Critchett's "Description of a New Instrument for the Extraction of Cataract" has been received, and shall be inserted in an early number.

PREPARATION OF THE TINCTURE OF HENBANE.

To the Editor of THE LANCET.

SIR,—I shall feel obliged if you will allow me to make a few remarks relative to that very important medicinal preparation, tincture of henbane. My attention has been called to this subject in consequence of the erroneous views entertained with regard to the character of the plant, and to the somewhat scanty, if not imperfect, directions contained in the new Pharmacopœia respecting its preparation for use.

It is out of my province altogether as a grower and preparer only of medicinal plants, to call in question the correctness of the Pharmacopœia from any other point of view than that of an omission. The directions given in this work for the preparation of tincture of henbane are to use "the leaves and branches of the indigenous biennial plant dried, when about two-thirds of the flowers are expanded." Now, I believe that almost every wholesale druggist in the kingdom will endorse my statement when I say that up to the year 1862 but a fractional part of the tincture of henbane prepared in this country had been made from the blossoming biennial plant—a circumstance not in the least reflecting discredit on those who prepare and supply the article for use, but arising from the absolute impossibility of procuring the material to carry out the instructions referred to. If the question is asked why the blossoming biennial plant has not up to the present period been supplied in sufficient quantity to meet the demand, I reply that, in the first place, owing to the almost invariable attack made on the plant during the autumn and winter months by the wireworm, slug, and other destructive visitants, but a small proportion survives till the ensuing spring. Either the root is bitten through in several parts, or the bud entirely consumed. To this must be added that the plants which escape this ordeal, when they have reached that stage of their growth pointed out in the Pharmacopœia—namely, "when two-thirds of the flowers are expanded"—the quantity of foliage is very scanty, and will only pay the producer at a high price. During the first year's growth of the biennial plant, it most commonly continues healthy, and produces an abundance of leaves, which accounts for the preponderance of the first as compared with the second year's growth. I believe at the present time, leaving out of the calculation what I have supplied to the trade within the last nine months, and what I have yet in stock (supposing tinctures to be made from the second year's growth only), that not two weeks' consumption is to be found in the country. It has sometimes occurred that a supply could not be obtained of the first year's growth of the biennial, when recourse has been had to the British annual, and also to an article imported from Germany, which appears quite devoid of the aroma, and probably of all the best properties of the English plant.

Through some erroneous impression that has long existed, and still continues to exist, respecting this very important plant, the first year's growth of the biennial is almost invariably spoken of as the annual, than which nothing can be more palpably wrong, as the two articles when prepared for use vary as essentially in their external appearance as in their constituent properties; applying this simple test only, that the annual plant when dried consists both of leaves and blossom, whereas the first year's growth of the biennial must necessarily consist of leaves only. We require a new definition altogether of the plant when dried for use. Instead of making two divisions only as at present, annual and biennial, it should be classified as follows:—

Second year's growth of biennial.
First year's growth of biennial.
Annual.

This would at once simplify the question, and prevent those erroneous views which have very widely prevailed amongst all parties concerned in its preparation and use.

Could it have been shown that the article recommended for use in the Pharmacopœia could be regularly obtained, no objection could be made to the directions, although its use might have been occasionally supplanted by a second-class article, as occurs, doubtless, in many other medicinal preparations; but so long as both articles must necessarily be consumed, it does appear desirable that their comparative strength should be ascertained and made known. If in both instances the specified quantity is used in the preparation of tincture—namely, two ounces and a half to the pint, and one should prove to possess twice or three times the strength of the other, it assumes a serious form in the administration of so very important a medicine. The commercial value of the one being twice to three times that of the other, it is reasonable to conclude that some essential difference must exist also in their relative importance.

I remain, Sir, your obedient servant,

May, 1864. RUFUS USHER.

Dr. Braxton Hicks, Honorary Secretary to the Obstetrical Society.—We will do our best to forward the publication of the proceedings of this Society. The reports of the other Societies so often, however, extend to a considerable length as to compel their postponement from week to week.

CAPILLARY TUBES FOR PRESERVING VACCINE LYMPH.

To the Editor of THE LANCET.

SIR,—I find I am in error about the name I sent last week to you. It should be Grimoldi, 31, Brook-street, Holborn, W.C. Having to call for some tubes the other morning, he informed me that he would supply them for 3s. per 1000, or 6d. per 100.

Yours obediently,

Oxford, May, 1864. W. S. E.

Chirurgus, (Bayswater.)—Messrs. Pollard, of Brompton, have fitted up in connexion with their Turkish baths a very superior apparatus for applying vapours of calomel, sulphur, and other medicinal substances. Messrs. Pollard observe a strict regard to medical etiquette by not interfering in any way with the treatment prescribed by the medical attendants of the patients committed to their care, and carry out faithfully the instructions forwarded to them. "Chirurgus" may place implicit confidence in these gentlemen. We have personally inspected their establishment, and are perfectly satisfied with the result.

A Working Man should apply to some respectable surgeon.

MEDICAL EDUCATION.

To the Editor of THE LANCET.

SIR,—An attentive perusal of your ample and careful report of the proceedings at the recent session of the Medical Council, and especially of that portion devoted to the discussion of the question of Medical Education, has only confirmed an opinion long entertained by me, and by many others with whom I have interchanged views in several parts of the world—namely, that a body vested with the power of granting licences to practise should be entirely unconnected with, and independent of, all educational or corporate bodies; should be appointed by, and responsible to, the general Government, which is the abstract representative of the interests and well-being of a nation, as well as the interpreter of its rights and the custodian of its purse.

As long as there are rival interests to be promoted and differential advantages to be obtained, so long will it continue to be detrimental to the cause of sound medical knowledge, that the Universities, Colleges, Schools, or any denominational corporation, should have the power of granting the *ad praxeandum* privilege.

Let Government select from the prominent members of the profession a certain number of men, who shall compose the examining and national licensing body; let them be sworn into office as our judges are; let them be well paid, so that they may devote their time exclusively to the duties of their office, which would, of course, include private study on their own part, in order to keep themselves completely *au courant* with the progress of the science and the achievements of the art of medicine; let them assemble once a year in each capital of the three kingdoms for the purpose of holding examinations and granting licences, so that once in four months every student who thought himself qualified could have the opportunity of presenting himself for examination, no matter where educated; let the first object of this licensing body be to ascertain that the theoretical and practical knowledge each candidate possessed was sufficient to entitle him to a legal right to practise medicine—in other words, to be entrusted with the lives and welfare of his fellow-creatures; secondly, having ascertained this point to their satisfaction, and being ready to certify to that effect, let the licensing body proceed to investigate the vouchers of compliance with a prescribed course of study, both as to duration and subjects, at one or several of the recognised schools: thus making proficiency the first test, completeness of educational preparation the second—both essential, but the last deriving importance as a concomitant condition for licence.

The degrees conferred by each University and the Fellowship of the several Colleges would then become what they unquestionably ought to be, objects of individual ambition, desiderata for personal prestige and professional status, precisely as the F.R.S. now is to every intellectual aspirant for literary or scientific fame.

When such an independency of the licensing and educational bodies shall have been accomplished, then I believe we shall see the comprehensive and practical character of medical education duly regarded and secured, not by legislation on the part of the Medical Council, but by voluntary efforts of the educational bodies, in order to secure the success and pre-eminence of reputation of their respective students. Your obedient servant,

Kennington, May, 1864. H. M.

G. O. F.—In the large curing establishments in Glasgow the "brine" is usually thrown away. This is the material to which Mr. Whitelaw has applied the process of dialysis for the removal of the salt of the brine, and for the production at a cheap rate of pure fresh extract of meat.

Mr. Chas. Hunter shall receive a private note. We fear we shall be unable to use the MS.

THE LARYNX OF THE NEGRO.

To the Editor of THE LANCET.

SIR,—It would indeed be quite preposterous to draw conclusions of the least value from an isolated example of any peculiarity; nor have I done so in regard to the specimen of the negro larynx which I exhibited before the Medical Society of London on the 11th January last, and noticed in your journal of the 9th ultimo. In reply, therefore, to "J. F.," of Hanley, in your last number, I may state that I have considerably extended my observations on the subject, and the results shall be made known at another time and place, when "J. F." shall have the opportunity of again becoming a little "more than amused," perhaps instructed.

I am, Sir, your obedient servant,

Portman-street, May, 1864. GEO. D. GIBB, M.D.

L.R.C.P. London.—The advertisements of Messrs. Harvey have been under the consideration of the Medical Council. The difficulty felt does not arise from doubt of the unprofessional character of these obscene lucubrations, but from the want of means of identifying the authors, or applying to them the corrective powers of the Council.

D. F. should possess himself of the works both of Sir Ranald Martin and Dr. Morehead.

DRESS OF MILITARY MEDICAL OFFICERS.

To the Editor of THE LANCET.

SIR,—Amongst your "Notices to Correspondents" last week, I notice one to "Inquirer," (Suffolk.) Will you allow me to add a few words to it?

Every medical officer, of whatever rank, when ordered to attend a parade, must appear properly dressed for that parade. The sword is *invariably worn on all parades*; and if the medical officer ranks with a field officer, he as invariably wears spurs, either brass or steel, according to the dress regulations. In line regiments, brass scabbard and brass spurs; in the cavalry and artillery, steel spurs and steel scabbard, except on full-dress occasions and at mess, when brass spurs are ordered. Yours, &c.,

May, 1864. NETLEY.

Dr. Moon, Mons Sibi Consciæ Recti, (Blackheath.)—It is high time that the misunderstanding between Drs. Purvis and Moon should cease. It is now assuming a personal, and losing its professional aspect. It is highly injurious to the profession to keep up a controversy, or rather a series of attacks, in the local papers.

Dr. R. Swarbreck Hall, (Hobart Town, Tasmania).—The communication has been received, and shall be inserted in THE LANCET as soon as possible.

A. J. W. can recover for medical attendance, and most probably for medicine supplied.

Mr. Fairlie Clarke's letter shall be inserted next week.

THE ENGLISH LIFE ASSURANCE COMPANY.

To the Editor of THE LANCET.

SIR,—About a year since I asked Mr. Heath if he would like to become a trustee to the "Confident Life Office"? His reply was, that "he should be glad of any opportunity of increasing his connexion;" and very shortly after he again wrote, saying that "he had not heard from the 'Confident,' and should be glad if I would see about it, as he was anxious to become connected with an assurance company." He was appointed, and continued his trusteeship until a few months since, when I wrote, informing him that the "Confident" had amalgamated; but that nearly all the directors and share-holders had withdrawn their influence and capital, and had formed themselves into another Company, and that I should be glad if he would consent to still act as trustee. He said that before he gave his consent he should like to know more about it; and I accordingly wrote a long letter, with fullest particulars, and promised that as soon as everything was settled I would wait upon him with some prospectuses. To this, not receiving any kind of reply, it was no very great stretch of the imagination to conclude there was tacit consent.

A week or two since an agent was directed to pay a small death claim; but the circumstances being somewhat peculiar, he determined to wait until the directors again met to receive their directions. The claimant was related to a clerk in Mr. Tidd Pratt's establishment, who meanwhile officiously interfered in the matter, wrote for a prospectus, &c., using her Majesty's franks and stationery in a manner one would imagine to be scarcely warrantable. He was told when the prospectus was sent that it was but a proof, and not strictly correct, as the formation of the Company was scarcely completed.

In consequence of a formidable official letter from this clerk, Mr. Heath instantly wrote to me, requesting information of the matter, to which I immediately replied, offering what I considered a full explanation of the whole affair; and not hearing in reply that Mr. Heath was dissatisfied with this explanation, I was much surprised and annoyed at seeing a note in *The Times* from him, and still more so at the letter in THE LANCET. The friendship which up to the present time has existed between Mr. Heath and myself has been of so close a description that I have received evidence in more than one instance of his unbounded confidence; and I certainly consider that I had some right to his consideration, and maintain that before he conferred irreparable injury upon many respectable men, it was his duty to ascertain how far his name had been used, and to what disadvantage. Except Mr. Heath had reason to disbelieve the statements in my letter of explanation to him, he had no right to say that his name has been wrongly used. I challenge him to say that it has been generally circulated in connexion with our Company, or indeed circulated at all, except in this solitary instance; and even if it has, I say that, taking all the circumstances into consideration, he has no solid ground of complaint, for the names and the cause are the same as those with which it has been freely circulated for a long period with his especial approbation, with the exception of a London banker and a member of Parliament. I remain, Sir, yours truly,

H. T. SCOTT, M.D.

Alexandrian House, Old Kent-road, May 23rd, 1864.

To the Editor of THE LANCET.

SIR,—In looking over my LANCET this morning, I find my name mentioned by Mr. Christopher Heath in his note to you, stating that I am a director of the English Life Assurance Society. Will you kindly allow me through your columns to contradict that statement. A few days since I received a notice from Mr. Tidd Pratt, probably similar to the one spoken of by Mr. Heath. Until that communication reached me I had no notion whatever that such an Office as the English Life Assurance Society was in existence. I have not the remotest idea how or by what means my name has been used as a director of that Office. I can only assure Mr. Heath that I am as much in the dark as himself as to the whereabouts of this said Office or its other Offices, &c.

I am, Sir, yours faithfully,

JAMES PALMER, M.D.

Wellington-street, London-bridge, May 21st, 1864.

Rus in Urbe.—Organic manures are those which are capable of yielding to a plant, by decomposition or otherwise, carbon, hydrogen, and nitrogen. Inorganic manures are those substances which contain the mineral ingredients of which the ash of plants is found to consist.

Dr. Henry Kennedy.—The pamphlet has been received. Dr. Kennedy will please to accept our thanks.

A Sufferer, (Manchester.)—There are many medical practitioners in Manchester perfectly capable of treating the complaint.

CASES OF OBTURATOR HERNIA.

To the Editor of THE LANCET.

SIR,—In the number of your journal for April 30th last, I find an account of a case of "Internal Strangulation of Intestine," under the care of Mr. Cooper Forster, Guy's Hospital, in which not only is obturator hernia spoken of as being extremely rare, and its existence as still more rarely determined until after death,—in fact, that Mr. Lawrence seems to doubt the possibility of the recognition of this complaint during life,—but we are led to suppose that only two cases have been recorded of its having been discovered during life and operated upon—viz., those by Mr. Obré and Mr. Bransby Cooper.

I would refer your readers to THE LANCET of Jan. 31st, 1857, where they will find a detailed account of a case of "Thyroid Rupture" diagnosed during life and operated on by Dr. Heath, of Newcastle-on-Tyne, with a full description of the anatomy and diagnosis of the complaint.

I am, Sir, your obedient servant,

THOS. CREIGHTON,

Late Clinical Clerk in Newcastle Infirmary.

Newcastle-on-Tyne, May, 1864.

A Young Physiologist.—It has usually been held that the Cryptobranchus is the animal which has the largest blood-corpuscles. Welcker, of Halle, however, has recently shown that the Proteus anguinus is entitled to this distinction.

Dr. Leet's important letter "On the Licence of the Apothecaries' Company of Ireland" shall be published in our next issue.

C. B. is right in his inference. The answer was intended for him.

A Lover of Truth.—The subject is noticed in a letter below, signed "Indagator."

THE ARMY MEDICAL DEPARTMENT.

To the Editor of THE LANCET.

SIR,—In the *Army and Navy Gazette* of the 21st instant, reference is made to a proposal that the names of the medical officers and other staff officers of a regiment should be placed in the Army List immediately after those of the combatant officers of *equal* rank, instead of after those of *all* the combatant officers.

The only objection raised is that it is an innovation, which is feeble. The arguments in favour of the proposed alteration are as follows:—That much of the present discontent in the army medical department is caused by the refusal to acknowledge the proper relative position of a medical officer, which oftentimes occurs through misapprehension, caused by the present arrangements of the Army List; that the Army List is merely an arrangement of names; that such arrangements are usually supposed to indicate precedence; that the present Army Lists suggest an erroneous idea of precedence so far as the medical and other staff officers of a regiment are concerned; that if the authorities are honest in their professions that relative rank shall carry with it all precedence attaching to such rank, they will not object to an arrangement of names which will effectually secure the enjoyment of such precedence, with the advantages resulting therefrom; that if, on the contrary, the authorities are desirous that relative rank should be a mere empty sham existing only on paper, they will, of course, object to the proposed alteration, and the existence of such a desire on their part would be quite sufficient to account for the present unpopularity of the army medical department; and lastly, that the necessity for some change in the arrangement of the Army List was recognised by the Royal Commission, of which the late Lord Herbert was the President, a recommendation on that subject having formed a part of their Report.

The proposed arrangement is as follows:—That the name of the surgeon should be placed after those of the majors, as also that of the paymaster when holding the relative or honorary rank of major; that the name of the assistant-surgeon should in like manner follow either those of the captains or lieutenants, as his relative rank may be in each individual case. This arrangement is open to the objection that it does not define the exact relative seniority of each individual; but that can scarcely be attained, and is of minor importance. It would distinctly indicate the relative position of each rank, and be of much practical utility. It is clear that it would not injuriously affect the legitimate position of any of the combatant officers.

I know that this proposal has been thought of by other officers; and I am of opinion that should we succeed in obtaining the alteration suggested, the happiest results would follow.

I am, Sir, your obedient servant,

May, 1864. FORTIS EST VERITAS.

G. C.—The suppression of quackery is one of the most difficult subjects with which the profession has to deal. Some of the suggestions of our correspondent are good; but the question requires the most mature consideration before action is taken respecting it.

Mr. W. H. Murrell.—The papers shall be sent to the proper address.

A PRETENDED DIPLOMA.

To the Editor of THE LANCET.

SIR,—Allow me to suggest that as Mr. Dempsey appears to be still in possession of the receipt for the £30 which he "paid to Mr. Hurst" for "the diploma,"—for by referring to it he says he was enabled to rectify his mistake in saying he bought the document in dispute thirty years ago,—that receipt, if produced, would to some extent be documentary evidence in favour of Mr. Dempsey. I am, Sir, your obedient servent,

May, 1864. INDAGATOR.

Mr. Hargrave.—The correction would have been made; but the proof sent to Mr. Hargrave was not returned by him. There was a vagueness in the phraseology of his note, which required his correction to make the meaning clear.

THE reports of the prize meetings of the University College and Westminster Hospital Schools stand over for want of space.

POOR-LAW MEDICAL REFORM ASSOCIATION.

To the Editor of THE LANCET.

SIR,—I shall feel obliged for space to inform the Poor-law medical officers that in *Knight's Advertiser* of the 16th inst. is the following:—"It is understood that the Committee (Select Committee on Poor Relief, England) have agreed to resolutions on several subjects on which they have taken evidence—viz., the distress in the metropolis in 1861; the continuance of the central authority; the power possessed by the Poor-law Board of issuing general orders; *medical relief*; pauper education; religious rights of workhouse inmates; district auditors; power of Poor-law Board to dismiss officers; equalisation of rating; casual and houseless poor; classification in workhouses; and *superannuation of paid officers.* It now only remains for the Committee to settle the terms of their Report to the House. Mr. Villiers, the Chairman of the Committee, stated on the 5th inst., in reply to a question of Mr. Goschen, that he was led to believe that the Report would be presented before long, and in time for legislation this session."

Since April 14th I have received the following subscriptions towards the funds of the Association:—E. Hall, Ulverstone, 10s.; C. Heaton, Leek, 3s. 6d.; R. Cooper, Leek, 3s. 6d.; R. Turnock, Leek, 3s. 6d.; T. Robinson, Cheadle, 5s.; E. C. Buckoll, Radford, 5s.; T. Westell, Cookham, 10s.; S. A. Plumb, Cookham, 10s.; T. Hewlett, Hendon, £1 1s.; H. Horsfall, Wakefield, 10s.; R. Kemp, Wakefield, 10s.; E. Walker, Wakefield, 10s.; T. Walker, Wakefield, 10s.; G. F. Wills, Chard, 5s.; R. Ransome, Cambridge, 10s.; R. F. Thompson, South Shields, 7s. 6d.; J. D. Hulme, Blaby, 5s.; R. W. P. Kerswill, St. German's, 5s.; E. J. Worth, St. German's, 5s.; J. Yeoman, Whitby, 10s.; W. N. Clarkson, Whitby, 5s. I am, &c.,

12, Royal-terrace, Weymouth, 17th May, 1864. RICHARD GRIFFIN.

Lambeth asks us to point out in what respect he incorrectly describes the effect of the Medical Act. The incorrectness of which we spoke lies mainly in describing the Medical Act as *requiring* every practitioner in medicine and surgery to be registered. Unfortunately it is not so. If it were indeed *compulsory* on all practitioners to be registered, there would be no trouble about the "40th clause."

Inquirer.—We do not think he could recover in such a case.

W. H.—It can be done with propriety.

IF *A Tradesman* will send his name and address to us, he shall receive the information he requires.

Dr. John Rose's request shall be attended to as early as possible.

THE following papers are in type, and shall if possible be inserted next week: Mr. E. Hart's second lecture on "Cataract;" Dr. Jenner's "Note of the Case of the late Dr. Emanuel;" Dr. Chapman on "Vaso-Motor Therapeutics;" Dr. Humphry on "Lithotomy;" and Mr. Naylor on "Squamous Diseases of the Skin."

COMMUNICATIONS, LETTERS, &c., have been received from—Prof. Simpson, Edinburgh; Dr. Copland; Dr. Corrigan, Dublin; Dr. Rose, Kidderminster; Dr. Tilbury Fox; Dr. Rooke, Cheltenham; Dr. Palfrey; Mr. Best, Thetford; Dr. Cleathbert, Edinburgh; Mr. Murrell; Mr. Chapman; Mr. Hasle, (with enclosure;) Mr. Brooke, Heaton Norris, (with enclosure;) Mr. Blatchley; Mr. Spire, Stroud; Mr. Morris, (with enclosure;) Mr. W. Hall, (with enclosure;) Messrs. Weekes and Co.; Mr. Shedd, (with enclosure;) Mr. Willett; Dr. Purvis; Dr. Scott; Mr. Rymer, Ramsgate; Mr. Creighton, Newcastle; Messrs. Coates and Co., Salisbury; Dr. Long, (with enclosure;) Mr. Ker, Manchester; Dr. Lest, Dublin; Mr. R. Wolseley, St. John's; Dr. Brodribb, Portland; Dr. Fyfe, Kinston; Dr. Christie, Aberdeen; Dr. Millar; Dr. Tuxford, Boston; Mr. Hepworth, Manchester; Mr. Foulis; Mr. T. Taylor, Braintree; Mr. Sweeting; Mr. Binks, Wakefield; Dr. Kennedy, Dublin; Dr. Edward Smith; Dr. Garstang; Mr. Rumsey, Cheltenham; Mr. W. K. Parker; Mr. M'Whinnie; Mr. Cooper; Mr. J. H. Allingham; Mr. Austin, Lockerbie, (with enclosure;) Dr. Campbell, (with enclosure;) Mr. E. Jones; Mr. Marnock, Tunbridge Wells; Mr. Watkins, (with enclosure;) Mr. Freer, Stourbridge; Dr. Radcliffe, (with enclosure;) Mr. Stokoe, East Farleigh; Mr. J. Johnstone; Dr. Semnow, Bangor; The Astronomical Society; M.D.; Inquirer; A Doubtful One; One who takes THE LANCET; G. C.; C. B.; A Regimental Surgeon; A Sufferer, Manchester; Notley; L.R.C.P. Lond.; H. M.; Crodat Judæus; W. H. B., (with enclosure;) A. J. W.; Lambeth; E. B.; Lint; Royal College of Physicians, Edinburgh; A Tradesman; Obstetrical Society; Portis est Veritas; Indagator; A Working Man; W. S. E.; &c. &c.

THE *South London Journal*, the *Chester-le-Street Liberal*, and the *British Colonist* have been received.

Medical Diary of the Week.

MONDAY, MAY 30

ST. MARK'S HOSPITAL FOR FISTULA AND OTHER DISEASES OF THE RECTUM.—Operations, 1½ P.M.
METROPOLITAN FREE HOSPITAL. — Operations, 2 P.M.

TUESDAY, MAY 31

GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Marshall, "On Animal Life."

WEDNESDAY, JUNE 1

MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. MARY'S HOSPITAL.—Operations, 1 P.M.
GREAT NORTHERN HOSPITAL, CALEDONIAN-ROAD. — Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL. — Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
OBSTETRICAL SOCIETY OF LONDON. — 8 P.M. Dr. Greenhalgh, "On Placenta Prævia." — Dr. Aveling, "On Immediate Transfusion."

THURSDAY, JUNE 2

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL — Operations, 1 P.M.
LONDON SURGICAL HOME.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL. — Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Mr. J. Hullah, "On Music (1600—1750)."
CHEMICAL SOCIETY. — 8 P.M. Prof. Stokes, "On the Discrimination of Organic Bodies by their Optical Properties."

FRIDAY, JUNE 3

WESTMINSTER OPHTHALMIC HOSPITAL. — Operations, 1½ P.M.
ROYAL INSTITUTION. — 8 P.M. Prof. Frankland, "On Recent Chemical Researches in the Royal Institution."

SATURDAY, JUNE 4

ST. THOMAS'S HOSPITAL.—Operations, 1 P.M.
LOCK HOSPITAL, Dean-street, Soho.—Clinical Demonstrations and Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
ROYAL FREE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Mr. Alex. Herschel, "On Falling Stars and Meteorolites."

Pianofortes Extraordinary. — At

MOORE & MOORE'S, 104, Bishopsgate-street Within. These Pianos are of rare excellence, with the best improvements recently applied, which effect a grand, a pure, and a delightful quality of tone that stands unrivalled. Prices from 18 Guineas. First-class Pianos for Hire, with easy terms of purchase. Jury award, International Exhibition, Honourable Mention for good and cheap Pianos. The best harmoniums at the lowest prices.

Treloar's Cocoa-nut Matting and

KAMPTULICON

FLOOR-CLOTH WAREHOUSE,

Removed from No. 42 to

10, LUDGATE HILL, LONDON.

H. J. & D. Nicoll, Tailors to the Queen

and Royal Family.—Gentlemen's Fashionable Attire, the best at moderate prices. Waterproof Tweed Overcoats, for Dust or Rain, One Guinea; Melton Cloth, &c., Two Guineas. Negligé Suits of "Nicoll Cheviot," for Rough or Country wear, Two Guineas.

H. J. & D. NICOLL, 114, 116, 118, 120, Regent-street, W.; 22, Cornhill, E.C.; and 10, Mosley street, Manchester.

To Gentlemen.—Mr. Miles,

(Alfred Webb Miles,) Established 13th February, 1841,

Originator of the WORLD-FAMED TROUSERS, at 16s. per pair, has the pleasure to inform thirty thousand customers that his stock is now replete with all the new and best designs for Coats, Morning and Travelling Suits, Vests, Trousers, at prices as heretofore. Gentlemen who have not already favoured this establishment with their interest and support are most respectfully informed that it is distinguished not only by the extent, variety, and quality of its patterns and materials, but it excels in the cut and workmanship.

CAUTION.—Mr. Miles is not connected with any person imitating and advertising in the same name; his only address is 74, Brook-street, Hanover-square, and he has no other establishment in London or elsewhere.

Wheeler and Wilson's Unrivalled

PRIZE MEDAL LOCK-STITCH SEWING MACHINES, with every recent improvement and addition.

FIRST CLASS PRIZE MEDAL, 1862.

"Friends' School, Croydon, March 14th, 1862.

"MESSRS. WHEELER & WILSON,—I have great pleasure in stating that your Machine fully equals all my expectations, and that we are much pleased with it in every respect.—I am yours truly,

"WM. ROBINSON."

See the Illustrated and Descriptive Pamphlet, forwarded on application post free, and which contains testimonials, as to its adaptability for every description of work, from the nobility, gentry, manufacturers, and others. Instruction gratis to purchasers.

Offices and Sale Rooms, 139, Regent-street, London, W.

Manufacturers of Foote's Patent Umbrella Stand.

Fenders, Stoves, Fire-irons, and

Chimney-Pieces. Buyers of the above are requested, before finally deciding, to visit WILLIAM S. BURTON'S SHOW-ROOMS. They contain such an assortment of FENDERS, STOVES, RANGES, CHIMNEY-PIECES, FIRE-IRONS, and GENERAL IRONMONGERY, as cannot be approached elsewhere, either for variety, novelty, beauty of design, or exquisiteness of workmanship. Bright stoves, with ormolu ornaments, £3 15s. to £33 10s.; bronzed fenders, with standards, 7s. to £5 12s.; steel fenders, £3 3s. to £11; ditto, with rich ormolu ornaments, from £3 3s. to £18; chimney-pieces, from £1 8s. to £100; fire-irons, from 2s. 3d. the set to £4 4s. The BURTON and all other PATENT STOVES, with radiating hearth-plates.

Bedsteads, Baths, and Lamps.—

WILLIAM S. BURTON has SIX LARGE SHOW-ROOMS devoted exclusively to the SEPARATE DISPLAY of Lamps, Baths, and Metallic Bedsteads. The stock of each is at once the largest, newest, and most varied ever submitted to the public, and marked at prices proportionate with those that have tended to make his establishment the most distinguished in this country.

Bedsteads, from	12s. 6d. to £20 0s. each.
Shower Baths, from	6s. 0d. to £3 0s. each.
Lamps (Moderateur), from ...	6s. 0d. to £3 10s. each.
(All other kinds at the same rate.)	
Pure Colza Oil	4s. per gallon.

William S. Burton, General Furnish-

ING IRONMONGER, by appointment to H.R.H. the Prince of Wales, sends a CATALOGUE gratis, and post paid. It contains upwards of 500 Illustrations of his illimited Stock of Sterling Silver and Electro Plate, Nickel Silver, and Britannia Metal Goods, Dish Covers, Hot-water Dishes, Stoves, Fenders, Marble Chimney-pieces, Kitchen Ranges, Lamps, Gasaliers, Tea Trays, Urns and Kettles, Clocks, Table Cutlery, Baths, Toilet Ware, Turnery, Iron and Brass Bedsteads, Bedding, Bed-room Cabinet Furniture, &c., with Lists of Prices, and plans of the Twenty large Show Rooms, at 39, Oxford-street, W.; 1, 1a, 2, 3, and 4, Newman-street; 4, 5, and 6, Perry's-place; and 1, Newman-yard, London.

CLASS II.—PHARMACEUTICAL SOCIETY'S DEPARTMENT, EXHIBITION, 1862.

PRIZE MEDAL.

Curtis and Co.'s New Remedies and

AUXILIARIES in MEDICINE and SURGERY.

GRANULATED EFFERVESCING CITRATE of QUININE.
GRANULATED EFFERVESCING CITRATE of IRON and QUININE.
GRANULATED CITRO-TARTRATE of SODA.
GRANULATED CITRATE of MAGNESIA.
GRANULATED CARBONATE of IRON.
*SYRUP SUPERPHOSPHATE of IRON, QUININE, and STRYCHNINE.

* This Syrup has been extensively prescribed for the last four years, by an eminent Surgeon, with marked success. (Originated by CURTIS and Co.)

CONCENTRATED ESSENCE of SUMBUL.
CORT. LARICIS (TINCTURE and EXTRACT).
ACTÆA RACEMOSA (TINCTURE and ESSENCE).
TRITICUM-REPENS (LIQUOR).
VERATRUM VIRIDE (TINCTURE).
FUCUS VESICULOSUS (EXTRACT and POWDER).
TARAXACUM PALE LIQUOR and EXTRACT.
SARRACENIA PURPUREA (FLUID EXTRACT).

LIQUOR SECALIS CORNUTI.

(Recognised Preparation.)

Exhibited at the "Obstetrical Society of London," by the President, June 1st, 1859 (vide THE LANCET, July 11th, 1859).

University College Hospital, Oct. 29th, 1858.

I have much pleasure in stating that, after numerous trials under Dr. Murphy's direction, I have found the Liquor Secalis, as prepared by Mr. Curtis, to *far exceed* all other preparations of the kind.—HENRY HEMSTED, M.R.C.S.

Reigate, Feb. 2nd, 1862.

Gentlemen,—I have used your Liquor Secalis Cornuti for a considerable time, in a rather extended practice, and I am quite satisfied of its efficiency, and can recommend it with confidence to any of my professional friends.

Messrs. Curtis and Co. Yours truly, JOHN STROM SCRIVEN.

January 21st, 1862.

Gentlemen,—I have great pleasure in testifying to the value of your Liquor Secalis Cornuti. I have used it extensively in obstetrical practice, and have found it to be exactly similar in effects to ergot itself, and to be of the relative strength announced by you. Since I first used it I never think of resorting to the tinctures formerly in use, or to the ergot itself.—Yours, &c.,

EDWARD NICHOLSON, M.R.C.S., F.C.S.,

Messrs. Curtis. Late Resident Accoucheur to St. Mary's Hospital, Paddington.

Having for some time prescribed the Liquor Secalis prepared by Messrs. Curtis, of Baker-street, and having on all occasions found its action to be most speedy and certain, I have much pleasure in bearing testimony to its efficacy in all those cases in which the drug itself has a beneficial effect.

3, Jeffrey's-ter., Kentish-town-road, Dec. 28th, 1861. H. G. KNAGGS, M.D.

15, Wimpole-street, Cavendish-square, May 8th, 1862.

Gentlemen,—The Liquor Secalis I had of you some time since has succeeded so admirably that I am induced to give my opinion in writing, and you are at liberty to make any use of my name you may think proper.

I remain, Gentlemen, yours faithfully,

Messrs. Curtis and Co. J. WHITEHEAD.

Messrs. Curtis and Co.'s Liquor Secalis Cornuti, in my opinion, possesses all the virtues of the Ergot itself. G. BIRD, M.D., 40, Welbeck-street. May 12th, 1862.

"PASMA,"

For EXCORIATIONS, BURNS, ULCERS, and ERUPTIONS; Also a PROPHYLACTIC of ABRASIONS in DELICATE, TENDER, and IRRITABLE SKINS.

This preparation, during many years, has been submitted to the test of professional experience, and is now confidently introduced to the Medical Public as possessing Healing Properties *of a most marked and rapid character*, and on that account as meriting publicity and a place in every Hospital and Surgery.

PURE GLYCERINE,

In every respect equal to Price's.

Fresh INFUSIONS & DECOCTIONS in a Concentrated form, prepared by a New Process, and allowed to be the best preparations of this class, and supplied to meet the demands of General Practitioners.

CURTIS & CO.'S IMPROVED INHALER.

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